| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968273** | **12/03/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Villa Linda Inc** | **670 W 72nd Pl Hialeah, FL 33014** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0028-Resident Care - Activities Of Daily Living-12/03/2013
0030-Resident Care - Rights & Facility Procedures-12/03/2013
0054-Medication - Records-12/03/2013
0121-Fiscal - Accounting Procedures-12/03/2013
0160-Records - Facility-12/03/2013

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

A Complaint follow up Survey (CCR#2013007611) was conducted on 12-03-13 at Villa Linda Inc. All previous deficiencies were corrected at the time of the visit

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2014

Administrator
Villa Linda Inc
670 W 72nd Pl
Hialeah, FL 33014

**CCR#2013007611 f/u**

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on December 3, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

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