

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911390	(X3) DATE SURVEY COMPLETED 12/26/2013
NAME OF PROVIDER OR SUPPLIER Sylvia's Retirement Home, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1823 Nw 94 Street Miami, FL 33147	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-12/26/2013
0078-Staffing Standards - Staff-12/26/2013
0081-Training - Staff In-Service-12/26/2013
0082-Training - Hiv/aids-12/26/2013
0085-Training - Nutrition & Food Service-12/26/2013
0090-Training - Do Not Resuscitate Orders-12/26/2013
0093-Food Service - Dietary Standards-12/26/2013
0152-Physical Plant - Safe Living Environ/other-12/26/2013
0162-Records - Resident-12/26/2013
0167-Resident Contracts-12/26/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to a Standard Biennial survey was conducted on December 26, 2013. Sylvia's Retirement Home, Inc Assisted Living Facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2014

Administrator
Sylvia's Retirement Home, Inc
1823 Nw 94 Street
Miami, FL 33147

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 26, 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

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