STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967063	**12/31/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Stand Home Care	**721 Nw 13th Avenue Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-12/31/2013
0008-Admissions - Health Assessment-12/31/2013
0052-Medication - Assistance With Self-Admin-12/31/2013
0077-Staffing Standards - Administrators-12/31/2013
0082-Training - Hiv/aids-12/31/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-12/31/2013
0167-Resident Contracts-12/31/2013
L241-Lmh - Records-12/31/2013
L243-Lmh - Training-12/31/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to a Change of Ownership survey was conducted on December 31, 2013. Good Stand Home Care Assisted Living Facility had no deficiencies identified at the time of the survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 31, 2014

Administrator
Good Stand Home Care
721 Nw 13th Avenue
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) revisit survey conducted on December 31, 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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