

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/18/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932590	(X3) DATE SURVEY COMPLETED 01/30/2014
NAME OF PROVIDER OR SUPPLIER Our Loving Mother Elderly Care, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 West 65 Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-01/30/2014
0083-Training - First Aid And Cpr-01/30/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/30/2014
0090-Training - Do Not Resuscitate Orders-01/30/2014
L243-Lmh - Training-01/30/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow-up to Standard Biennial Survey was conducted on January 30, 2014 at Our Loving Mother Elderly Care, Inc. The previous deficiencies were found corrected. There were no deficiencies found at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 21, 2014

Administrator
Our Loving Mother Elderly Care, Inc
1635 West 65 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 30, 2014 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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