

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963894	(X3) DATE SURVEY COMPLETED 03/06/2014
NAME OF PROVIDER OR SUPPLIER Jackson North Cmhc -- Serenity	STREET ADDRESS, CITY, STATE, ZIP CODE 480 Nw 123 Street Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-03/06/2014

0091-Training - Documentation & Monitoring-03/06/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Follow Up Survey was conducted on 03/06/2014. Jackson North CMHC- Serenity had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 24, 2014

Administrator
Jackson North Cmhc -- Serenity
480 Nw 123 Street
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 6, 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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