STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967295	**03/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buddy's Place Mg Llc	**5370 Nw 172 Street Miami Gardens, FL 33055**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z817 - 408.810(3-4) Fs; 59a-35.100(1) Fac - Minimum Licensure Requirement - Inform Ahca S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2014. Buddy's Place MG LLC had deficiencies at time of survey.

Z817-Minimum Licensure Requirement - Inform AHCA 408.810(3-4) FS; 59A-35.100(1) FAC

Based on observation the facility failed to notify of the agency 30 days prior of closure.

Findings include:

On , 2014 at 9:30 a.m. arrived at ALF for Standard Survey. Front door is protected by an ornamental gate which is locked. Two realtor key boxes are attached to the gate. On the front window there is a real-estate sign. Observation inside the home through the windows revealed no furniture in the main living area, I moved around to the side door also protected by an ornamental gate which was locked. No furniture or appliances in the kitchen area. Continued to the backyard was able to observe a was empty and what appeared to be the family with no furniture. There is a large covered patio in the back of the home, front and rear patios are well . At time of visit, there was no one at the facility to grant access to conduct the Survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Buddy's Place Mg Llc
5370 Nw 172 Street
Miami Gardens, FL 33055

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

A Recommendation to Denial had been submitted to Tallahassee.

Facility was found to be closed/Abandoned

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
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121