STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968218	**04/10/2014**
NAME OF PROVIDER OR SUPPLIER **Veta's We Care Assisted Living Facilities**	STREET ADDRESS, CITY, STATE, ZIP CODE **510 Sebastian Crossing Blvd Sebastian, FL 32958**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-04/10/2014
0078-Staffing Standards - Staff-04/10/2014
0090-Training - Do Not Resuscitate Orders-04/10/2014
0162-Records - Resident-04/10/2014
0167-Resident Contracts-04/10/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2014

Administrator
Veta's We Care Assisted Living Facilities
510 Sebastian Crossing Blvd
Sebastian, FL 32958

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 10, 2014 by a representative from 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

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