STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967773	04/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
No Better Place Inc	429 Freeman Road Nw Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-04/10/2014
0010-Admissions - Continued Residency-04/10/2014
0025-Resident Care - Supervision-04/10/2014
0026-Resident Care - Social & Leisure Activities-04/10/2014
0052-Medication - Assistance With Self-Admin-04/10/2014
0054-Medication - Records-04/10/2014
0055-Medication - Storage And Disposal-04/10/2014
0056-Medication - Labeling And Orders-04/10/2014
0078-Staffing Standards - Staff-04/10/2014
0080-Training - Core & Competency Test-04/10/2014
0081-Training - Staff In-Service-04/10/2014
0082-Training - Hiv/aids-04/10/2014
0090-Training - Do Not Resuscitate Orders-04/10/2014
0093-Food Service - Dietary Standards-04/10/2014
0167-Resident Contracts-04/10/2014

Specific Tag Findings:

0000-Initial Comments

4/10/2014 Revisit was conducted.

The facility had no deficiencies found during the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2014

Administrator
No Better Place Inc
429 Freeman Road NW
Palm Bay, FL 32907

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 10, 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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Orlando, FL 32801
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