

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/29/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966581	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Cary's Adult Care 2	STREET ADDRESS, CITY, STATE, ZIP CODE 15765 Sw 76 Terrace Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-04/10/2014
0078-Staffing Standards - Staff-04/10/2014
0160-Records - Facility-04/10/2014
0162-Records - Resident-04/10/2014
0181-Emergency Mgmt - Plan Approval-04/10/2014
L241-Lmh - Records-04/10/2014
L243-Lmh - Training-04/10/2014
Z815-Background Screening: Prohibited Offenses-04/10/2014

0000-Initial Comments

An unannounced visit for a follow up to an Abbreviated Biennial Survey was made on 04/10/2014.
Cary's Adult Care #2 had no deficiencies at the time of the visit:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 30, 2014

Administrator
Cary's Adult Care 2
15765 SW 76th Terrace
Miami, FL 33193

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. **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 surveyor(s). Should you have any questions please call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

and
Enclosure

DT9D

