STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968283	**04/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patty's House 4, Llc	**2805 Jerry Smith Rd Dover, FL 33527**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Amended: Tag AZ815 was changed to A0161 on 05/07/14.

0003-Licensure - Change Of Ownership (chow)-04/22/2014
0008-Admissions - Health Assessment-04/22/2014
0025-Resident Care - Supervision-04/22/2014
0032-Resident Care - Elopement Standards-04/22/2014
0053-Medication - Administration-04/22/2014
0056-Medication - Labeling And Orders-04/22/2014
0078-Staffing Standards - Staff-04/22/2014
0081-Training - Staff In-Service-04/22/2014
0083-Training - First Aid And Cpr-04/22/2014
0093-Food Service - Dietary Standards-04/22/2014
0160-Records - Facility-04/22/2014
0161-Records -04/22/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-04/22/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 2, 2014

Administrator
Patty's House 4, LLC
2805 Jerry Smith Rd
Dover, FL 33527

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 22, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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