

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967507	(X3) DATE SURVEY COMPLETED 04/24/2014
NAME OF PROVIDER OR SUPPLIER Belen Sweet Home Alf II Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 11825 Sw 206 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-04/24/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up to a Limited Nursing Services Monitoring survey was conducted at Belen Sweet Home ALF II, Inc on April 24, 2014. Previous deficiency was corrected. No other deficiencies found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 5, 2014

Administrator
Belen Sweet Home Alf Li Inc
11825 Sw 206 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a LNS monitoring survey revisit conducted on April 24, 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 Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis,
Field Office Manager

AMD:pt
Enclosure

DT9D

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