

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/17/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912047	(X3) DATE SURVEY COMPLETED 05/05/2014
NAME OF PROVIDER OR SUPPLIER Capricorn Retirement Home Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 13720 Nw 1st Avenue Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-05/05/2014

0000-Initial Comments

A fourth follow-up to Standard Survey was conducted on May 05, 2014. Capricorn Retirement Home, Inc. the previously cited deficiency was corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 19, 2014

Administrator
Capricorn Retirement Home, Inc.
13720 NW 1st Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 5, 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

