STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**05/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	**860 Nw 186 Dr Miami, FL 33169**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-05/22/2014
0054-Medication - Records-05/22/2014
0077-Staffing Standards - Administrators-05/22/2014
0081-Training - Staff In-Service-05/22/2014
0082-Training - Hiv/aids-05/22/2014
0083-Training - First Aid And Cpr-05/22/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-05/22/2014
0090-Training - Do Not Resuscitate Orders-05/22/2014
0093-Food Service - Dietary Standards-05/22/2014
L243-Lmh - Training-05/22/2014

Specific Tag Findings:

0000-Initial Comments

A follow up to abbreviated survey was conducted on 05/22/2014. Maud's Place previous deficiencies were corrected. There were no new deficiencies found.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 4, 2014

Administrator
Maud's Place
860 Nw 186 Dr
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a state abbreviated licensure survey revisit conducted on May 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. **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,

Kristal Branton for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

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