

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966339	(X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER Saint Mary Adult Care	STREET ADDRESS, CITY, STATE, ZIP CODE 5716 Sw 149 Place Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-05/22/2014

0030-Resident Care - Rights & Facility Procedures-05/22/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Follow Up to a Limited Nursing Services Monitoring Survey was conducted on May 22, 2014. Saint Mary Adult Care had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 5, 2014

Administrator
Saint Mary Adult Care
5716 Sw 149 Place
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a limited nursing services 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.

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, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

