

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966965	(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER Paula's Mansion Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 13206 Sw 218 Terrace Miami, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-06/11/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An limited nursing services monitoring follow up survey was conducted on 06/11/2014. Paula's Mansion Assisted Living Facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 24, 2014

Administrator
Paula's Mansion Alf
13206 Sw 218 Terrace
Miami, FL 33170

Dear Administrator:

This letter reports the findings of a limited nursing monitoring survey revisit conducted on June 11, 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

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