STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968447	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residencia Casabella Alf Corp	**8324 Nw 195th Terr Hialeah, FL 33015**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-06/18/2014
0030-Resident Care - Rights & Facility Procedures-06/18/2014
0054-Medication - Records-06/18/2014
0055-Medication - Storage And Disposal-06/18/2014
0056-Medication - Labeling And Orders-06/18/2014
0160-Records - Facility-06/18/2014
0162-Records - Resident-06/18/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR# 2014003467) Revisit Survey was conducted on June 18, 2014. Residencia Casabella ALF Corp previous deficiencies were corrected and there were no new deficiencies identified at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 11, 2014

Administrator
Residencia Casabella Alf Corp
8324 Nw 195th Terr
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 18, 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 (850) 412-4501.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

DT9D

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