STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967157	07/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Las Marias Alf	12381 Sw 144 Terrace Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0161-Records - Staff-07/10/2014
L241-Lmh - Records-07/10/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A visit for a 2nd Follow up to a Standard Biennial survey was made on 07/10/2014. Las Marias ALF had no deficiencies at the time of the visit:

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 25, 2014

Administrator
Las Marias Alf
12381 Sw 144 Terrace
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a second standard biennial survey revisit conducted on July 10, 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,

Kristal Branton for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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