STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910578	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Merci's Home Corp	4291 Sw 9 Terrace Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-07/07/2014
L243-Lmh - Training-07/07/2014

Specific Tag Findings:

0000-Initial Comments

A follow up to a Standard Biennial survey was conducted on 07/07/2014. Merci's Home Corp Assisted Living Facility had no deficiencies identified at the time of the visit. The following deficiencies were found corrected:

0078-Staffing Standards - Staff 58A-5.019(2) FAC

L243-LMH - Training 58A-5.0191(8) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 25, 2014

Administrator
Merci's Home Corp
4291 Sw 9 Terrace
Miami, FL 33134

Dear Administrator:

This letter reports the findings of a follow up to a Standard Biennial survey conducted on July 7, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for

Arlene Mayo- Davis
Field Office Manager

AMD:ve
Enclosure

DT9D

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