STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968299	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Estrella Alf Inc	15580 Sw 146th Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-08/18/2014
0055-Medication - Storage And Disposal-08/18/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-08/18/2014
0160-Records - Facility-08/18/2014
0161-Records - Staff-08/18/2014
0162-Records - Resident-08/18/2014
L243-Lmh - Training-08/18/2014
Z815-Background Screening; Prohibited Offenses-08/18/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial revisit survey was conducted on August 18, 2014. Villa Estrella ALF Inc. did not have deficiencies identified at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2014

Administrator
Villa Estrella Alf Inc
15580 Sw 146th
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on August 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMd:ve
Enclosure

DT9D

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