

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965980	(X3) DATE SURVEY COMPLETED 07/31/2014
NAME OF PROVIDER OR SUPPLIER Raffa Corp II	STREET ADDRESS, CITY, STATE, ZIP CODE 15032 Sw 55 Terrace Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-07/31/2014
0078-Staffing Standards - Staff-07/31/2014
0162-Records - Resident-07/31/2014

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey revisit was conducted on July 31, 2014. Raffa Corp II did not have deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2014

Administrator
Raffa Corp II
15032 SW 55 Terrace
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey revisit conducted on July 31, 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

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