

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967753	(X3) DATE SURVEY COMPLETED 08/28/2014
NAME OF PROVIDER OR SUPPLIER Gomez Family Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2535 Nw North River Drive Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-08/28/2014
0092-Food Service - General Responsibilities-08/28/2014
0161-Records - Staff-08/28/2014
L243-Lmh - Training-08/28/2014
Z815-Background Screening: Prohibited Offenses-08/28/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An 2nd follow up survey of a Standard Biennial survey was conducted on 08/28/14. Gomez Family Care Assisted Living Facility Home had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2014

Administrator
Gomez Family Care Inc
2535 Nw North River Drive
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a standard biennial survey second revisit conducted on August 28, 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

