

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966933	(X3) DATE SURVEY COMPLETED 08/28/2014
NAME OF PROVIDER OR SUPPLIER Coral Way Senior Care, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Sw 143 Court Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
L243-Lmh - Training-08/28/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Revisit Survey was made on 08/28/2014. Coral Way Senior Care had no deficiencies identified at the time of visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 18, 2014

Administrator
Coral Way Senior Care, Inc
2451 Sw 143 Court
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey 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

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