STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Sweet Home Ii	214 Nw 120 Avenue Miami, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-09/15/2014
0056-Medication - Labeling And Orders-09/15/2014
0079-Staffing Standards - Levels-09/15/2014
0161-Records - Staff-09/15/2014
0162-Records - Resident-09/15/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on September 15, 2014. My Sweet Home II had no deficiencies identified at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2014

Administrator
My Sweet Home Ii
214 Nw 120 Avenue
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on September 15, 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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