STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	**09/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Caridad Del Cobre Alf	**1310 Sw 76th Avenue Miami, FL 33144**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-09/22/2014
0160-Records - Facility-09/22/2014
N277-Lns - Resident Care Standards-09/22/2014

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring revisit survey was conducted on September 22nd, 2014. La Caridad Del Cobre ALF did not have deficiencies found at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2014

Administrator
La Caridad Del Cobre Alf
1310 Sw 76th Avenue
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey revisit conducted on September 22, 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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