

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965493	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Vida Home, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 415 East 39 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-09/30/2014

0079-Staffing Standards - Levels-09/30/2014

0091-Training - Documentation & Monitoring-09/30/2014

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership (CHOW) survey revisit was conducted on 09-30-14. Vida Home LLC. had a deficiency identified during another survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 14, 2014

Administrator
Vida Home, LLC
415 East 39 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Change of Ownership survey revisit conducted on September 30, 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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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