

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED 10/09/2014
NAME OF PROVIDER OR SUPPLIER Petshirl	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3rd Avenue Miami, FL 33138	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-10/09/2014
 0057-Medication - Over The Counter (otc) Products-10/09/2014
 0078-Staffing Standards - Staff-10/09/2014
 0079-Staffing Standards - Levels-10/09/2014
 0083-Training - First Aid And Cpr-10/09/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-10/09/2014
 0085-Training - Nutrition & Food Service-10/09/2014
 0160-Records - Facility-10/09/2014
 0162-Records - Resident-10/09/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 10/09/14. Petshirl had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2014

Administrator
Petshirl
8361 N E 3rd Avenue
Miami, FL 33138

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on October 9, 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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