STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	10/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Miami Heights Alf	11720 Sw 181 Terrace Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/23/2014
0032-Resident Care - Elopement Standards-10/23/2014
0052-Medication - Assistance With Self-Admin-10/23/2014
0054-Medication - Records-10/23/2014
0055-Medication - Storage And Disposal-
0057-Medication - Over The Counter (otc) Products-
0078-Staffing Standards - Staff-
0081-Training - Staff In-Service-
0090-Training -
L243-Lmh - Training-
Z815-Background Screening; Prohibited Offenses-

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on . South Miami Heights ALF had no deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Miami Heights Alf
11720 Sw 181 Terrace
Miami, FL 33177

Dear Administrator:

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