STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**10/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emanuel Residence Aclf	**343 W 44 Street Hialeah, FL 33012**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0160-Records - Facility-10/02/2014
0162-Records - Resident-10/02/2014
Z827-Unlicensed Activity-10/02/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (#2014006425) revisit survey was conducted on 10/02/14. Emanuel Residence ACLF had no deficiencies identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 3, 2014

Administrator
Emanuel Residence Aclf
343 W 44 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on October 2, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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