STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967028	11/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Granny's Adult Home	1031 Nw 39th Court Coral Gables, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-11/10/2014
0081-Training - Staff In-Service-11/10/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-11/10/2014
0090-Training - Do Not Resuscitate Orders-11/10/2014
L243-Lmh - Training-11/10/2014
Z815-Background Screening; Prohibited Offenses-11/10/2014
Z827-Unlicensed Activity-11/10/2014

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR 2014007553) survey revisit was conducted on November 10, 2014. Granny's Adult Home had no deficiencies at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2014

Administrator
Granny's Adult Home
1031 Nw 39th Court
Coral Gables, FL 33134

CCR # 2014007553

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey revisit conducted on November 10, 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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