| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967641 | 12/09/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Florida Home Care Alf, Inc | 2931 Nw 106 Street Miami, FL 33147 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0010-Admissions - Continued Residency-12/09/2014
0030-Resident Care - Rights & Facility Procedures-12/09/2014
0057-Medication - Over The Counter (otc) Products-12/09/2014
0162-Records - Resident-12/09/2014
L243-Lmh - Training-12/09/2014
N277-Lns - Resident Care Standards-12/09/2014

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

A Change of Ownership revisit survey was conducted on 12-09-14. Florida Home Care ALF, Inc. had no deficiencies found at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2014

Administrator
Florida Home Care Alf, Inc
2931 Nw 106 Street
Miami, FL 33147

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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