

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966299	(X3) DATE SURVEY COMPLETED 01/08/2015
NAME OF PROVIDER OR SUPPLIER Casa Llanes II	STREET ADDRESS, CITY, STATE, ZIP CODE 374 East 50 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0092-Food Service - General Responsibilities-01/08/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Third Standard Biennial Revisit Survey was conducted on 01-08-15. Casa Llanes II Assisted Living Facility had no deficiencies found at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2015

Administrator
Casa Llanes II
374 East 50 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a third standard biennial survey revisit conducted on January 8, 2015 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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