

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912091	(X3) DATE SURVEY COMPLETED 01/08/2015
NAME OF PROVIDER OR SUPPLIER Tamiami Lakes Montblanc Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 2040 Southwest 127th Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-01/08/2015

0052-Medication - Assistance With Self-Admin-01/08/2015

0077-Staffing Standards - Administrators-01/08/2015

0160-Records - Facility-01/08/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on January 08, 2015. Tamiami Lakes Montblanc ALF had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2015

Administrator
Tamiami Lakes Montblanc Alf
2040 Southwest 127th Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 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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