STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967459	**01/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lilita Home Ii Inc.	**2451 SW 103 Way Miramar, FL 33025**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-01/16/2015
0030-Resident Care - Rights & Facility Procedures-01/16/2015
0077-Staffing Standards - Administrators-01/16/2015
0078-Staffing Standards - Staff-01/16/2015
0079-Staffing Standards - Levels-01/16/2015
0081-Training - Staff In-Service-01/16/2015
0090-Training - Do Not Resuscitate Orders-01/16/2015

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the Relicensure survey was conducted on 1/16/2015 at Lilita Home. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2015

Administrator
Lilita Home II Inc.
2451 SW 103 Way
Miramar, FL 33025

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a Relicensure survey revisit conducted on January 16, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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