STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	**01/20/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home For All The Angels Corp	**9270 Sw 42 Terrace Miami, FL 33165**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-01/20/2015
0032-Resident Care - Elopement Standards-01/20/2015
0052-Medication - Assistance With Self-Admin-01/20/2015
0077-Staffing Standards - Administrators-01/20/2015
0078-Staffing Standards - Staff-01/20/2015
0080-Training - Core & Competency Test-01/20/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/20/2015
0152-Physical Plant - Safe Living Environ/other-01/20/2015
0160-Records - Facility-01/20/2015
0162-Records - Resident-01/20/2015
L243-Lmh - Training-01/20/2015
Z827-Unlicensed Activity-01/20/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Re-visit to a Standard Biennial Survey was conducted on 01/20/15. Home For All The Angels, Corp. had no deficiencies found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2015

Administrator
Home For All The Angels Corp
9270 Sw 42 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on January 20, 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

DT9D

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