STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967507	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Belen Sweet Home Alf II Inc	**11825 Sw 206 Street Miami, FL 33177**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0081-Training - Staff In-Service-02/05/2015
0082-Training - Hiv/aids-02/05/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-02/05/2015
0090-Training - Do Not Resuscitate Orders-02/05/2015
0092-Food Service - General Responsibilities-02/05/2015
0161-Records - Staff-02/05/2015
L241-Lmh - Records-02/05/2015
L243-Lmh - Training-02/05/2015
Z815-Background Screening; Prohibited Offenses-02/05/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A abbreviated biennial revisit survey was made on 02/05/2015. Belen Sweet Home ALF II had no deficiencies at the time of visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 26, 2015

Administrator
Belen Sweet Home Alf Ii Inc
11825 Sw 206 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a abbreviaed biennial survey revisit conducted on February 5, 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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