

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967685	(X3) DATE SURVEY COMPLETED 02/23/2015
NAME OF PROVIDER OR SUPPLIER Caring Hands Assisted Living II	STREET ADDRESS, CITY, STATE, ZIP CODE 13025 Nw 2 Avenue Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0123-Fiscal - Resident Trust Funds-02/23/2015

0162-Records - Resident-02/23/2015

0167-Resident Contracts-02/23/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint Revisit Survey was conducted on February 23, 2012. Caring Hands Assisted Living II had no deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 4, 2015

Administrator
Caring Hands Assisted Living II
13025 Nw 2 Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of complaint survey revisit conducted on February 23, 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.shtm> 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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