

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966456	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER Blessing House II	STREET ADDRESS, CITY, STATE, ZIP CODE 4940 Sw 116 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-03/05/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/05/2015. Blessing House II Inc. Assisted Living Facility had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2015

Administrator
Blessing House II
4940 Sw 116 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on March 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

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