

5/4/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966965

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/22/2015

Name of Facility

PAULA'S MANSION ALF

Street Address, City, State, Zip Code

13206 SW 218 TERRACE

MIAMI, FL 33170

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 04/22/2015	ID Prefix A0086 Reg. # 58A-5.019(9) FAC LSC	Correction Completed 04/22/2015	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 04/22/2015
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 04/22/2015	ID Prefix AL243 Reg. # 429.075(1) FS; 58A-5.019(1) LSC	Correction Completed 04/22/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By

Reviewed By

State Agency

Reviewed By

CMS RO

Followup to Survey Completed on:

2/16/2015

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 4, 2015

Administrator
Paula's Mansion Alf
13206 Sw 218 Terrace
Miami, FL 33170

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on April 22, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

DT9D

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida