State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966915	A. Building B. Wing	7/1/2015

Name of Facility	Street Address, City, State, Zip Code
DIAZ HOME CARE ALF, INC	13481 SW 268 TERRACE HOMESTEAD, FL 33032

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 A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 07/01/2015	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 07/01/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 07/01/2015
ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 07/01/2015	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 07/01/2015	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 07/01/2015
ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2 LSC	Correction Completed 07/01/2015	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 07/01/2015	ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed 07/01/2015
ID Prefix A0181 Reg. # 58A-5.026(2) FAC LSC	Correction Completed 07/01/2015	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 07/01/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 07/07/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
4/29/2015			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2015

Administrator
Diaz Home Care Alf, Inc
13481 Sw 268 Terrace
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey Revisit conducted on July 1, 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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