



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 4, 2015

Administrator
Hogar De Amable Consuelo Corp
134 W 59th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Complaint Survey Revisit conducted on July 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.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



8/3/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11963738(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
7/23/2015

Name of Facility

HOGAR DE AMABLE CONSUELO CORP

Street Address, City, State, Zip Code

134 W 59TH STREET
HIALEAH, FL 33012

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 A0010	Correction Completed 07/23/2015	ID Prefix A0025	Correction Completed 07/23/2015	ID Prefix A0030	Correction Completed 07/23/2015
Reg. # 429.26(1&9) FS: 58A-5.018		Reg. # 429.26(7) FS: 58A-5.0182(1)		Reg. # 58A-5.0182(6) FAC: 429.28	
LSC		LSC		LSC	
ID Prefix A0054	Correction Completed 07/23/2015	ID Prefix A0083	Correction Completed 07/23/2015	ID Prefix A0091	Correction Completed 07/23/2015
Reg. # 58A-5.0185(5) FAC		Reg. # 58A-5.0191(4) FAC		Reg. # 58A-5.0191(12) FAC	
LSC		LSC		LSC	
ID Prefix A0093	Correction Completed 07/23/2015	ID Prefix AZ815	Correction Completed 07/23/2015	ID Prefix	Correction Completed
Reg. # 58A-5.020(2) FAC		Reg. # 408.809, 435.02(2), 435.06		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

6/26/2015

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

YES NO