

9/10/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967685(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/3/2015

Name of Facility

Street Address, City, State, Zip Code

CARING HANDS ASSISTED LIVING II

13025 NW 2 AVENUE
MIAMI, FL 33168

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 A0077	Correction Completed 09/03/2015	ID Prefix A0078	Correction Completed 09/03/2015	ID Prefix A0084	Correction Completed 09/03/2015
Reg. # 429.176 FS: 58A-5.019(1) F LSC		Reg. # 58A-5.019(2) FAC LSC		Reg. # 58A-5.019(5) FAC LSC	
ID Prefix A0091	Correction Completed 09/03/2015	ID Prefix A0093	Correction Completed 09/03/2015	ID Prefix A0120	Correction Completed 09/03/2015
Reg. # 58A-5.019(12) FAC LSC		Reg. # 58A-5.020(2) FAC LSC		Reg. # 429.17(3) FS: 429.275(1)58 LSC	
ID Prefix A0162	Correction Completed 09/03/2015	ID Prefix AL243	Correction Completed 09/03/2015	ID Prefix	Correction Completed
Reg. # 58A-5.024(3) FAC LSC		Reg. # 429.075(1) FS: 58A-5.019(1) LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:
09/10/15
Date:Signature of Surveyor:

Signature of Surveyor:Date:

Date:

Followup to Survey Completed on:

7/9/2015

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

September 10, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey Revisit conducted on September 3, 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

