STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	R 09/18/2015
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint (CCR# 2015004934) Revisit Survey was conducted on 09/09/15 and concluded on 09/18/15. Wellness Living Inc had a deficiency identified at the time of survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility STILL failed to ensure that facility doors were in good working order.

Findings included:

Facility tour on at 10:56 am with the Administrator found the closet doors in # were not in good order. The closet doors were not able to open or close, the doors could not be moved.

On at 10:56 am the Administrator tried to move the closet doors but she was not able to. The Administrator confirmed that the closet doors were not in good working order.

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968367	A. Building B. Wing	

Name of Facility

WELLNESS LIVING INC

Street Address, City, State, Zip Code

15560 NE 5TH CT
MIAMI, FL 33162

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 **A0007** Reg. # **429.26(11) FS; 58A-5.0181(** LSC	Correction Completed	ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC	Correction Completed	ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	Correction Completed
ID Prefix **A0026** Reg. # **58A-5.0182(2) FAC** LSC	Correction Completed	ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	Correction Completed	ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC	Correction Completed
ID Prefix **A0091** Reg. # **58A-5.0191(12) FAC** 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 State Agency	**Reviewed By**	**Date:** 9/18/15	**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**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wellness Living Inc
15560 Ne 5th Ct
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** .

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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Miami, FL 33166
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