

12/17/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11967861

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

11/30/2015

Name of Facility

DULCE HOME ALF CORP

Street Address, City, State, Zip Code

4001 SW 102 COURT

MIAMI, FL 33165

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 A0052	Correction Completed 11/30/2015	ID Prefix A0078	Correction Completed 11/30/2015	ID Prefix A0084	Correction Completed 11/30/2015
Reg. # 58A-5.0185 (3)		Reg. # 58A-5.019(2) FAC		Reg. # 58A-5.0191(5) FAC	
LSC		LSC		LSC	
ID Prefix A0085	Correction Completed 11/30/2015	ID Prefix AL243	Correction Completed 11/30/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0191(6) FAC		Reg. # 429.075(1) FS; 58A-5.0191(		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	
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:

9/15/2015

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

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

December 17, 2015

Administrator
Dulce Home Alf Corp
4001 Sw 102 Court
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Complaint Survey Revisit conducted on November 30, 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

