STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966576	R **03/25/2016**
NAME OF PROVIDER OR SUPPLIER **CAROLINA'S CARE CENTER CORP #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **8100 WEST 12 AVENUE** **HIALEAH, FL 33014**	

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

0000 Initial Comments

A Standard Bennial Revisit second relicensure survey was conducted at Carolina's Care Center Corp. #III Assisted Living Facility on 03-25-2016. No deficient practice was identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2016

Administrator
Carolina's Care Center Corp #3
8100 West 12 Avenue
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a second state relicensure survey revisit conducted on March 25, 2016 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Adene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

DT9D

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