RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 30, 2016

Administrator
Del Rio Home Alf Inc
7611 Nw 186 Street
Miami, FL 33015

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on September 19, 2016 by representative(s) of this office.

Attached is the provider's copy of the State Form, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

DT9D

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968501 Y1	A. Building B. Wing Y2	9/19/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
DEL RIO HOME ALF INC	7611 NW 186 STREET MIAMI, FL 33015

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).

ITEM Y4		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix	A0010	Correction	ID Prefix	A0025	Correction	ID Prefix	A0030	Correction
Reg. #	429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. #	429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. #	58A-5.0182(6) FAC; 429.28(1-2) FS	Completed
LSC		09/19/2016	LSC		09/19/2016	LSC		09/19/2016
ID Prefix	A0053	Correction	ID Prefix	A0055	Correction	ID Prefix	A0152	Correction
Reg. #	58A-5.0185(4) FAC	Completed	Reg. #	58A-5.0185(6) FAC	Completed	Reg. #	58A-5.023(3) FAC	Completed
LSC		09/19/2016	LSC		09/19/2016	LSC		09/19/2016
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 9/30/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/26/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO