

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967939	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/7/2013
Name of Facility MERCEDES & FAMILY ALF		Street Address, City, State, Zip Code 4941 NW 183 STREET MIAMI GARDENS, FL 33055

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 <u>A0025</u> Reg. # <u>58A-5.0182(1) FAC</u> LSC <u></u>	Correction Completed 02/07/2013	ID Prefix <u>A0025</u> Reg. # <u>58A-5.0182(2) FAC</u> LSC <u></u>	Correction Completed 02/07/2013	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
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ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
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Reviewed By <u></u> State Agency	Reviewed By <u></u>	Date: <u></u>	Signature of Surveyor: <i>Russell Branton</i>	Date: <u>02/20/2013</u>
Reviewed By <u></u> CMS RO	Reviewed By <u></u>	Date: <u></u>	Signature of Surveyor: <u></u>	Date: <u></u>
Followup to Survey Completed on: 12/12/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

February 25, 2013

Administrator
Mercedes & Family Alf
4941 Nw 183 Street
Miami Gardens, FL 33055

CCR#2012013387 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on February 7, 2013 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, 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
Field Office Manager

AMD:sy
Enclosure

J5XD

