

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/22/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 01/21/2014
NAME OF PROVIDER OR SUPPLIER Sara's House, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1567 Ne 46th Street Oakland Park, FL 33334	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-01/21/2014
 0051-Medication - Pill Organizers-01/21/2014
 0054-Medication - Records-01/21/2014
 0081-Training - Staff In-Service-01/21/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-01/21/2014
 0167-Resident Contracts-01/21/2014
 E203-Ecc - Staffing Requirements-01/21/2014
 E210-Ecc - Training-01/21/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 23, 2014

Administrator
Sara's House, Inc
1567 NE 46th Street
Oakland Park, FL 33334

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 21, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
DT9D

