STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	06/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Better Care Llc	308 South 30th Street Fort Pierce, FL 34947	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0009-Admissions - Admission Package-06/12/2014
0030-Resident Care - Rights & Facility Procedures-06/12/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-06/12/2014
0093-Food Service - Dietary Standards-06/12/2014
Specific Tag Findings:

0000-Initial Comments

An announced follow-up to the initial licensure survey was conducted on 06/12/2014. A Beter Care LLC, had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 19, 2014

Administrator
A Better Care Llc
308 South 30th Street
Fort Pierce, FL 34947

Re: Revisit to a Initial Survey

Dear Administrator:

This letter reports the findings of a State Licensure Revisit survey conducted on June 12, 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.

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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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