

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964407	(X3) DATE SURVEY COMPLETED 08/27/2014
NAME OF PROVIDER OR SUPPLIER Casa Llanes Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 5861 E 4th Avenue Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-08/27/2014
0078-Staffing Standards - Staff-08/27/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-08/27/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Standard Biennial Survey Revisit was conducted on August 27, 2014. Casa Llanes Assisted Living Facility had no deficiencies were found at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2014

Administrator
Casa Llanes Alf, Inc
5861 E 4th Avenue
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on August 27, 2014 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.

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, RN
Field Office Manager

AMD:kb
Enclosure

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