

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 09/02/2014
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:

E203-Ecc - Staffing Requirements-09/02/2014

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring Revisit was conducted on 9-2-2014 at Sara's House Inc. The facility had no deficiency found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2014

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

Dear Administrator:

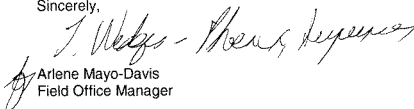
This letter reports the findings of a state licensure survey revisit with Extended Congregate Care (ECC) conducted on September 2, 2014 by a representative of this office.

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. **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,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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