STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966783	11/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Edad De Oro Senior Care Inc	17891 Sw 152 Court Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-11/10/2014
0079-Staffing Standards - Levels-11/10/2014
0080-Training - Core & Competency Test-11/10/2014
0081-Training - Staff In-Service-11/10/2014
0083-Training - First Aid And Cpr-11/10/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-11/10/2014
L243-Lmh - Training-11/10/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Bienniel Survey re-visit was conducted on 11/10/14. Edad de Oro Senior Care Inc. had no deficiencies at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

Administrator
Edad De Oro Senior Care Inc
17891 Sw 152 Court
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on November 10, 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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