

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963775	(X3) DATE SURVEY COMPLETED 06/10/2013
NAME OF PROVIDER OR SUPPLIER Adam Home # 2 Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 West 2 Avenue Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A standard biennial was conducted on June 10, 2013. Adam Home #2 did not have any deficiencies at time of survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 22, 2013

Administrator
Adam Home # 2 Inc
1045 West 2 Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 10, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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
Field Office Manager

AMD:sy
Enclosure

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