

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910968	(X3) DATE SURVEY COMPLETED 07/16/2013
NAME OF PROVIDER OR SUPPLIER North Miami Retirement Living	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 Ne 145 Street North Miami, FL 33161	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR #2013005765 was conducted on July 16, 2013. North Miami Retirement Living had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2013

Administrator
North Miami Retirement Living
1595 Ne 145 Street
North Miami, FL 33161

Re: CCR #2013005765

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 16, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

87K1

