

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967066	(X3) DATE SURVEY COMPLETED 08/20/2013
NAME OF PROVIDER OR SUPPLIER Amistad 308 Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 8420 Sw 2nd Street Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Investigation Survey (CCR # 2013007521 and CCR# 2013007725) was conducted on August 20, 2013. Amistada 308 LLC has no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2013

Administrator
Amistad 308 Llc
8420 Sw 2nd Street
Miami, FL 33144

Re: CCR #2013007521 & 2013007725

Dear Administrator:

This letter reports the findings of two state complaints survey completed on August 20, 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

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Enclosure

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