

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/11/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964423	(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER Villa Maria Pia	STREET ADDRESS, CITY, STATE, ZIP CODE 322 Nw 43 Place Miami, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

L241-Lmh - Records-08/27/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An LMH Expansion follow up survey was conducted on 08-27-13 at Villa Maria Pia Assisted Living Facility. The previous deficiencies were corrected at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2013

Administrator
Villa Maria Pia
322 Nw 43 Place
Miami, FL 33126

Dear Administrator:

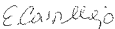
This letter reports the findings of a state Limited Mental Health (LMH) Expansion revisit survey conducted on August 27, 2013 by representative(s) of this office.

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 *For*
Field Office Manager

AMD:sy
Enclosure

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