

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED 09/17/2013
NAME OF PROVIDER OR SUPPLIER Divine Living In Hialeah Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 70 East 21st Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation survey CCR #2013007638 was conducted on 9/17/2013. Divine Living in Hialeah, LLC Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 4, 2013

Administrator
Divine Living In Hialeah Llc
70 East 21st Street
Hialeah, FL 33010

Re: CCR #2013007638

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 17, 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,

E. L. Davis
Arlene Mayo-Davis *for*
Field Office Manager

AMD:sy
Enclosure

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