

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 11/12/2013
NAME OF PROVIDER OR SUPPLIER Miramar Senior Living Vi, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 Sw 10th Street Miami, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-11/12/2013

0093-Food Service - Dietary Standards-11/12/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up Standard Biennial State Licensure Survey visit was conducted to Miramar Senior Living VI Assisted Living Facility on 11-12-13. The previous deficiencies were corrected at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2013

Administrator
Miramar Senior Living Vi, Inc
15364 Sw 10th Street
Miami, FL 33194

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 12, 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
Field Office Manager

AMD:sy
Enclosure

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