

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963925	(X3) DATE SURVEY COMPLETED 02/10/2014
NAME OF PROVIDER OR SUPPLIER Mi Nueva Vida Corporation	STREET ADDRESS, CITY, STATE, ZIP CODE 13361 Sw 53 Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Survey was made on February 10, 2014 at Mi Nueva Vida Corp. There were no deficiencies found at the time of the Survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 25, 2014

Administrator
Mi Nueva Vida Corporation
13361 Sw 53 Street
Miami, FL 33175

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 10, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

IGGN

