

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/25/2014  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966865</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>03/10/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Mercy Family Care, Inc #1</b>                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4604 Sw 144 Court<br/>Miami, FL 33175</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Standard Biennial Survey was made on 03/10/2014. Mercy Family Care Inc. #1 had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 25, 2014

Administrator  
Mercy Family Care, Inc #1  
4604 Sw 144 Court  
Miami, FL 33175

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 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

1GGN

