

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 04/16/2014  
FORM APPROVED

|                                                                                                        |                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968367</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>03/17/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Wellness Living Inc</b>                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15560 Ne 5th Ct<br/>Miami, FL 33162</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                     |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An Complaint (CCR# 2014000799) Survey was conducted on March 17, 2014. Wellness Living Inc had no deficiencies identified at time of survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 14, 2014

Administrator  
Wellness Living Inc  
15560 Ne 5th Ct  
Miami, FL 33162

Re: CCR #2014000799

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 17, 2014 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,

  
Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure

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