

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963894	(X3) DATE SURVEY COMPLETED 05/08/2014
NAME OF PROVIDER OR SUPPLIER Jackson North Cmhc -- Serenity	STREET ADDRESS, CITY, STATE, ZIP CODE 480 Nw 123 Street Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint survey (CCR# 2014003017) was conducted on May 08, 2014. Jackson North Serenity Home had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 12, 2014

Administrator
Jackson North Cmhc -- Serenity
480 Nw 123 Street
Miami, FL 33168

Re: CCR #2014003017

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 8, 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:kb
Enclosure

8JK1

