

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967256	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Mi Sublime Atardecer Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 20630 Nw 37 Ct Miami, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0160-Records - Facility-06/17/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up Abbreviated Survey was conducted on 06-17-14. at Mi Sublime Atardecer Inc. The following deficiency was corrected at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2014

Administrator
Mi Sublime Atardecer Inc
20630 Nw 37 Ct
Miami, FL 33055

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey revisit conducted on June 17, 2014 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:kb
Enclosure

DT9D

