

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965890	(X3) DATE SURVEY COMPLETED 06/16/2014
NAME OF PROVIDER OR SUPPLIER Tropical Heaven, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 14201 Sw 48 Lane Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An complaint (CCR# 2014005382) survey was conducted on 06/16/2014. Tropical Heaven, Inc. had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 1, 2014

Administrator
Tropical Heaven, Inc
14201 Sw 48 Lane
Miami, FL 33175

RE: CCR #2014005382

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 16, 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

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