| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966691** | **07/02/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Miramar Senior Living Ii** | **15558 Sw 24 Terrace Miami, FL 33185** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - Z824 - 408.811 Fs, 59a-35.120 Fac - Right Of Inspection; Inspection Reports S-S= C

**Specific Tag Findings:**

**0000-Initial Comments**

An abbreviated biennial survey was attempted on , 2014. Miramar Senior Living II had the following deficiency was found at time of survey.

**Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC**

Based on observation and interview the facility failed to provide access to the agency for the purpose of conducting a biennial survey.

Findings Include:

In an attempt to conduct a biennial survey on , 2014 the survey was notified by that the facility was no longer an assisted living facility and has been closed for three to four months. Observation revealed there were currently no resident in the facility.

On , 2014 the administrator notified the field office that the assisted living facility is not close but confirmed at present time there are no residents and would like the opportunity to be reinspected. The administrator was informed of the deficient practice at that time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Miramar Senior Living Ii
15558 Sw 24 Terrace
Miami, FL 33185

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

**Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your 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:kb
Enclosure
XG90

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