

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/21/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 07/02/2014
NAME OF PROVIDER OR SUPPLIER South Hialeah Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 240 East 5th Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Abbreviated Survey was conducted on July 01, 2014. South Hialeah Manor had no deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 21, 2014

Administrator
South Hialeah Manor
240 East 5th Street
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of an abbreviated biennial survey that was conducted on July 2, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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, RN
Field Office Manager

AMD:kb
Enclosure

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