

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942885	(X3) DATE SURVEY COMPLETED 07/30/2014
NAME OF PROVIDER OR SUPPLIER Twins Seniors Residence Acf	STREET ADDRESS, CITY, STATE, ZIP CODE 11334 Sw 2 Street Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on July 30, 2014. Twins Seniors Residence ACLF did not have deficiencies identified at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 4, 2014

Administrator
Twins Seniors Residence Acf
11334 Sw 2 Street
Miami, FL 33174

Dear Administrator:

This letter reports findings of an Abbreviated Biennial survey that was conducted on July 30, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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