

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911035	(X3) DATE SURVEY COMPLETED 10/09/2014
NAME OF PROVIDER OR SUPPLIER St Anne's Residence	STREET ADDRESS, CITY, STATE, ZIP CODE 11855 Quail Roost Drive Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care (ECC) Monitoring survey was conducted on October 09, 2014. St. Anne's Residence had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 24, 2014

Administrator
St Anne's Residence
11855 Quail Roost Drive
Miami, FL 33177

Dear Administrator:

This letter reports findings of an Extended Congregate Care Monitoring survey that was conducted on October 9, 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

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Enclosure

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