

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968718	(X3) DATE SURVEY COMPLETED 10/21/2014
NAME OF PROVIDER OR SUPPLIER Ada Residences, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 759 Sw 99 Ct Cir Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Initial licensure survey was conducted on 10/21/14. Ada Residences, Inc had no deficiencies found at the time of the survey. A recommendation for 6 beds will requested from the licensure unit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 4, 2014

Administrator
Ada Residences, Inc
759 Sw 99 Ct Cir
Miami, FL 33174

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on October 21, 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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