

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968002	(X3) DATE SURVEY COMPLETED 10/28/2014
NAME OF PROVIDER OR SUPPLIER 1 Kind Home Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 911-913 Sw 12 Avenue Miami, FL 33130	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on 10/28/14. 1 Kind Home Inc. Assisted Living Facility had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 7, 2014

Administrator
1 Kind Home Inc
911-913 Sw 12 Avenue
Miami, FL 33130

Dear Administrator:

This letter reports findings of a standard biennial survey that was conducted on October 28, 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

1GGN

