

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967411	(X3) DATE SURVEY COMPLETED 11/10/2014
NAME OF PROVIDER OR SUPPLIER Dios Da El Mana Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 9980 Sw 1 Street Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-11/10/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey revisit was conducted on November 10, 2014. Dios Da El Mana Corp did not have deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

Administrator
Dios Da El Mana Corp
9980 Sw 1 Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey revisit conducted on November 10, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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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