STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967256	11/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mi Sublime Atardecer Inc	20630 Nw 37 Ct Miami, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-11/24/2014
0079-Staffing Standards - Levels-11/24/2014
0081-Training - Staff In-Service-11/24/2014
0083-Training - First Aid And Cpr-11/24/2014
L243-Lmh - Training-11/24/2014

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey revisit was conducted on 11-24-14. Mi Sublime Atardecer Inc. did not have deficiencies at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2014

Administrator
Mi Sublime Atardecer Inc
20630 Nw 37 Ct
Miami, FL 33055

Dear Administrator:

This letter reports the findings of a Change of Ownership survey revisit conducted on November 24, 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 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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