

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965703	(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER Martin Residences, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 19940 Sw 124 Court Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-12/01/2014
0010-Admissions - Continued Residency-12/01/2014
0025-Resident Care - Supervision-12/01/2014
0162-Records - Resident-12/01/2014

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR #2014008979) Investigation Survey revisit was conducted on 12/01/14. Martin Residences, Inc. had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 15, 2014

Administrator
Martin Residences, Inc
19940 Sw 124 Court
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Complaint (**2014008979**) Investigation survey revisit conducted on December 1, 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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