

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965890	(X3) DATE SURVEY COMPLETED 12/22/2014
NAME OF PROVIDER OR SUPPLIER Tropical Heaven, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 14201 Sw 48 Lane Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0161-Records - Staff-12/22/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey revisit was conducted on 12/22/14. Tropical Heaven, Inc. had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 31, 2014

Administrator
Tropical Heaven, Inc
14201 Sw 48 Lane
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on December 22, 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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