STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living	**14833 Sw 24 Street Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-12/30/2014
0025-Resident Care - Supervision-12/30/2014
0026-Resident Care - Social & Leisure Activities-12/30/2014
0030-Resident Care - Rights & Facility Procedures-12/30/2014
0052-Medication - Assistance With Self-Admin-12/30/2014
0078-Staffing Standards - Staff-12/30/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-12/30/2014
0093-Food Service - Dietary Standards-12/30/2014
0160-Records - Facility-12/30/2014
0162-Records - Resident-12/30/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on December 30, 2014. Miramar Senior Living had no deficiencies found at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2015

Administrator
Miramar Senior Living
14833 Sw 24 Street
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on December 30, 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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