STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966825	**01/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living Iii	**15242 Sw 16th Terrace Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-01/08/2015
0078-Staffing Standards - Staff-01/08/2015
0079-Staffing Standards - Levels-01/08/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/08/2015
0093-Food Service - Dietary Standards-01/08/2015
0162-Records - Resident-01/08/2015
0167-Resident Contracts-01/08/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on January 08, 2015. Miramar Senior Living III had no deficiencies at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2015

Administrator
Miramar Senior Living Iii
15242 Sw 16th Terrace
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on January 8, 2015 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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com