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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11912063</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>01/29/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Maggie's Retirement Home #4</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>7100 Nw 1 Terrace<br/>Miami, FL 33126</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                           |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on 1/29/2015. Maggie's Retirement Home #4 had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 6, 2015

Administrator  
Maggie's Retirement Home #4  
7100 Nw 1 Terrace  
Miami, FL 33126

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on January 29, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

1GGN

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