

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966158	(X3) DATE SURVEY COMPLETED 02/11/2015
NAME OF PROVIDER OR SUPPLIER Adiuvo V	STREET ADDRESS, CITY, STATE, ZIP CODE 13232 Sw 85 Street Miami, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A limited nursing services survey monitoring was conducted on February 11, 2015. Adiuvo V had the following deficiencies at time of the survey and were cited under the standard biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 4, 2015

Administrator
Adiuvo V
12322 Sw 85 Street
Miami, FL 33183

Dear Administrator:

This letter reports findings of a limited nursing services monitoring survey that was conducted on February 11, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates deficiencies noted on the date of the survey were cited under the standard biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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