

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910950	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER Lemar Home Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 320 Nw 183rd Street Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR#2014012431) survey was completed on 02/03/15. Lemar Home Inc had the deficiencies found at time of survey and was cited under the biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 5, 2015

Administrator
Lemar Home Inc
320 Nw 183rd Street
Miami, FL 33169

RE: CCR #2014012431

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 3, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating deficiencies found at time of survey were cited under the 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

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

Ariene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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