

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964797	(X3) DATE SURVEY COMPLETED 02/10/2015
NAME OF PROVIDER OR SUPPLIER Miami-Dade County	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 Nw 11 Street Road Miami, FL 33136	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR# 2015000775) survey was conducted on February 10, 2015. Miami Dade County had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 9, 2015

Administrator
Miami-Dade County
1150 Nw 11 Street Road
Miami, FL 33136

RE: CCR #2015000775

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey completed on February 10, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

8JK1

