

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968292	(X3) DATE SURVEY COMPLETED 03/16/2015
NAME OF PROVIDER OR SUPPLIER El Renacer De Ana Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 5900 Nw 7 Street Miami, FL 33126	
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 March 16, 2015. El Renacer De Ana Inc did not have deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 30, 2015

Administrator
El Renacer De Ana Inc
5900 Nw 7 Street
Miami, FL 33126

[Use 8JK1 if COMPLAINT]

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 16, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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