

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922175	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER MAGDA'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10551 SW 49 STREET MIAMI, FL 33165	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Monitoring survey was conducted on 04/07/15. Magda's Home had no residents at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2015

Administrator
Magda's Home
10551 Sw 49 Street
Miami, FL 33165

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on April 7, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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

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Enclosure

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