

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 03/23/2015
NAME OF PROVIDER OR SUPPLIER FLORIDIAN GARDENS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 17250 SW 137 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring visit was conducted on 03/23/15. Floridian Gardens Assisted Living Facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 15, 2015

Administrator
Floridian Gardens Assisted Living Facility
17250 Sw 137 Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring survey revisit conducted on March 23, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 that reads "Kristal Branton".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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