

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968818	(X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER LIVING CARE FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10355 SW 38 TERR MIAMI, FL 33165	

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

0000 - Initial Comments

An Initial survey was conducted on 04/30/15. Living Care Facility, Inc had no deficiencies found at time of survey. A recommendation will be made to the licensure unit for a Standard License with a capacity of six.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2015

Administrator
Living Care Facility Inc
10355 Sw 38 Terr
Miami, FL 33165

Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on April 30, 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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