

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/27/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911570	(X3) DATE SURVEY COMPLETED 05/12/2015
NAME OF PROVIDER OR SUPPLIER OUR DREAM RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1630-1640 PALM AVENUE HIALEAH, FL 33010	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 05-12-2015. Our Dream Retirement Home did not have deficiencies found at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

Administrator
Our Dream Retirement Home
1630-1640 Palm Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of a Standard Biennial licensure survey that was conducted on May 12, 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 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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