

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/17/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967296	(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER OR SUPPLIER MAGNET ADULT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1431 NW 55 TERRACE MIAMI, FL 33142	

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

0000 Initial Comments

A Complaint (CCR#2015004723) Survey was conducted on June 10, 2015. Magnet Adult Home had no deficiencies found a time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 17, 2015

Administrator
Magnet Adult Home
1431 Nw 55 Terrace
Miami, FL 33142

RE: CCR #2015004723

Dear Administrator:

This letter reports the findings of a Complaint survey completed on June 10, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact 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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