STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967053	**07/09/2015**
NAME OF PROVIDER OR SUPPLIER **VARADERO RETIREMENT HOME II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15372 SW 117 STREET** **MIAMI, FL 33196**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on 07/09/15. Varadero Retirement Home II, Inc had no deficiencies identified at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 24, 2015

Administrator
Varadero Retirement Home Ii, Inc
15372 Sw 117 Street
Miami, FL 33196

Dear Administrator:

This letter reports findings of an Abbreviated Biennial licensure survey that was conducted on July 9, 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

AMD:ve
Enclosure

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