

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968883	(X3) DATE SURVEY COMPLETED 09/02/2015
NAME OF PROVIDER OR SUPPLIER MI HOGAR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8240 NW 171 ST MIAMI, FL 33015	

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

0000 Initial Comments

An Initial survey was conducted on September 02, 2015. Mi Hogar Inc., had no deficiencies identified at time of the survey. A recommendation will be sent to the licensure unit for a standard license with the limited mental health component and a capacity of six beds.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2015

Administrator
Mi Hogar, Inc
8240 Nw 171 St
Miami, FL 33015

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on September 2, 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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