STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966124	**09/09/2015**
NAME OF PROVIDER OR SUPPLIER **MARIA ADULT CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **400 SW 76 COURT** **MIAMI, FL 33144**	

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

0000 Initial Comments

A limited nursing services monitoring survey was conducted on September 9, 2015. Maria Adult Care #2 with limited nursing services and limited mental health components did not have deficiencies found at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2015

Administrator
Maria Adult Care #2
400 Sw 76 Court
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure second survey revisit conducted on September 9, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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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