| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966633** | **09/23/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**LA PURISIMA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**100 SW 36 AVENUE**<br>**CORAL GABLES, FL 33135** | |

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

**0000 Initial Comments**

A Complaint Survey (CCR#2015008735) was conducted on September 23, 2015. La Purisima ALF with Limited Nursing Services component had no deficiencies identified at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2015

Administrator
La Purisima
100 Sw 36 Avenue
Coral Gables, FL 33135

**RE: CCR #2015008735**

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 23, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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