STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968864	**10/08/2015**
NAME OF PROVIDER OR SUPPLIER **AMAZING WONDERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2323 NW 85 ST** **MIAMI, FL 33147**	

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

0000 Initial Comments

A Initial Survey was conducted on October 08, 2015. Amazing Wonders had no deficiencies found at time of survey. A recommendation for a Standard License with a capacity of 5 beds.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 2, 2015

Administrator
Amazing Wonders
2323 Nw 85 St
Miami, FL 33147

Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on October 8, 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 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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