

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966494	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER FE ISABEL RESIDENCE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SW 87TH COURT MIAMI, FL 33174	

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

0000 Initial Comments

A Standard Biennial Survey was made on 10/22/2015. Fe Isabel Residence had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 13, 2015

Administrator
Fe Isabel Residence, Inc
1001 Sw 87th Court
Miami, FL 33174

Dear Administrator:

This letter reports findings of a Standard Biennial Survey that was conducted on October 22, 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

1GGN

