

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/23/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER EXCLUSIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 183 WEST 18 STREET HIALEAH, FL 33010	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on November 05, 2015. Executive Home with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 23, 2015

Administrator
Exclusive Home
183 West 18 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of an Abbreviated Biennial Survey that was conducted on November 5, 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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