

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/12/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967722	(X3) DATE SURVEY COMPLETED 12/15/2015
NAME OF PROVIDER OR SUPPLIER ADIUVO, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6410 SW 63 AVENUE MIAMI, FL 33143	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on December 15, 2015. Adiuvo LLC had no deficiencies identified at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2016

Administrator
Adiuvo, LLC
6410 Sw 63 Avenue
Miami, FL 33143

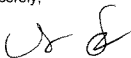
Dear Administrator:

This letter reports findings of an abbreviated biennial licensure survey that was conducted on December 15, 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 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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