STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967222	**04/04/2016**
NAME OF PROVIDER OR SUPPLIER **MGR HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5305 SW 137 CT** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Complaint (CCR #2016002630) Survey was conducted on 04/04/2016. MGR Home with Limited Mental Health component had no deficiencies found at time of the survey related to the complaint.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2016

Administrator
Mgr Home, Inc
5305 Sw 137 Ct
Miami, FL 33175

RE: CCR #2016002630

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 4, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form.

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 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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