STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967296	**04/11/2016**
NAME OF PROVIDER OR SUPPLIER **MAGNET ADULT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1431 NW 55 TERRACE** **MIAMI, FL 33142**	

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

0000 Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on April 11, 2016. Magnet Adult Home with ECC component had no deficiencies identified under the surveyed component at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2016

Administrator
Magnet Adult Home
1431 Nw 55 Terrace
Miami, FL 33142

Dear Administrator:

This letter reports findings of an Extended Congregate Care (ECC) monitoring licensure survey that was conducted on April 11, 2016 by representative(s) of this office. Attached is the provider's copy of the 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 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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