STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968485	**05/04/2016**
NAME OF PROVIDER OR SUPPLIER **ISA HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13316 SW 112TH CT** **MIAMI, FL 33176**	

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

0000 Initial Comments

A Complaint Investigation Survey CCR#2016002049 was conducted on 04/11/16- 5/4/16. Isa Home Corp. with a Standard License had no deficiencies found at the time of the survey

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2016

Administrator
Isa Home Corp
13316 Sw 112th Ct
Miami, FL 33176

RE: CCR #2016002049

Dear Administrator:

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

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis,RN
Field Office Manager

AMD/sb
Enclosure

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