

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/19/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967037	(X3) DATE SURVEY COMPLETED 06/01/2016
NAME OF PROVIDER OR SUPPLIER BERMUDEZ SENIOR CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5301 SW 162 PLACE MIAMI, FL 33185	

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

0000 Initial Comments

A Complaint Survey (CCR 2016005301) was conducted on 06/01/2016. Bermudez Senior Care with Standard license and Limited Mental Health component had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 20, 2016

Administrator
Bermudez Senior Care Inc
5301 Sw 162 Place
Miami, FL 33185

RE: CCR #2016005121

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 1, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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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