STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964715	**06/16/2016**
NAME OF PROVIDER OR SUPPLIER **ALDARA HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12810 SW 18 STREET** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Limited Mental Health Expansion Survey was attempted on 6/16/16. Aldara Home Inc. Administrator denied having applied for, and does not want, to expand the facility licensed to Limited Mental Health.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2016

Administrator
Aldara Home Inc
12810 Sw 18 Street
Miami, FL 33175

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 16, 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

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