

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967411	(X3) DATE SURVEY COMPLETED 07/20/2016
NAME OF PROVIDER OR SUPPLIER DIOS DA EL MANA CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9980 SW 1 STREET MIAMI, FL 33174	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on July 20, 2016. Dios Da El Mana (AL#11460) with Limited Nursing Services and Limited Mental Health components had deficiencies cited under the biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 3, 2016

Administrator
Dios Da El Mana Corp
9980 Sw 1 Street
Miami, FL 33174

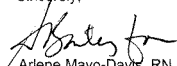
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 20, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates that discernible deficiencies noted on the date of the survey were cited under the biennial 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 call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

