

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967348	(X3) DATE SURVEY COMPLETED 07/21/2016
NAME OF PROVIDER OR SUPPLIER LORETO HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 770 NW 9 COURT HOMESTEAD, FL 33030	

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

0000 Initial Comments

A Standard Biennial survey was conducted on 07/21/16. Loreto Homes Inc with Limited Mental Health service component, license number 11439, had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2016

Administrator
Loreto Homes, Inc
770 Nw 9 Court
Homestead, FL 33030

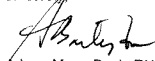
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 21, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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.shtm> 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

