

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967413	(X3) DATE SURVEY COMPLETED 08/09/2016
NAME OF PROVIDER OR SUPPLIER WEST DADE FAMILY CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4585 SW 159TH COURT MIAMI, FL 33185	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 08/09/16. West Dade Family Care Corp with a Standard License #11458 had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 6, 2016

Administrator
West Dade Family Care Corp
4585 Sw 159th Court
Miami, FL 33185

Dear Administrator:

This letter reports findings of a Standard Biennial licensure survey that was conducted on August 9, 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.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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ariene Mayo-Davis".

Ariene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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