STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969064	08/26/2016
NAME OF PROVIDER OR SUPPLIER **EL NINO DE ATOCHA #33 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15355 SW 171 ST** **MIAMI, FL 33187**	

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

0000 Initial Comments

An Initial Survey was conducted on 08/26/16. El Nino De Atocha #33 Inc. requested capacity of 6 beds with Limited Mental health component to the license. The facility had no deficiencies found at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 6, 2016

Administrator
El Nino De Atocha #33 Inc
15355 Sw 171 St
Miami, FL 33187

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 26, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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