

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/13/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965206	(X3) DATE SURVEY COMPLETED 08/30/2016
NAME OF PROVIDER OR SUPPLIER SOUTH MIAMI HEALTH FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7650 SW 64TH CT MIAMI, FL 33143	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on 08/30/2016. South Miami Health Facility Inc. (AL 9650) had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 13, 2016

Administrator
South Miami Health Facility Inc
7650 Sw 64th Ct
Miami, FL 33143

Dear Administrator:

This letter reports findings of an Abbreviated Biennial licensure survey that was conducted on August 30, 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,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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