



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016

Administrator
Diana Home Care II
1725 Sw 71 Court
Miami, FL 33144

RE: CCR #2016011348

Dear Administrator:

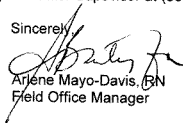
This letter reports the findings of a complaint survey completed on November 22, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact 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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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966294	(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER DIANA HOME CARE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SW 71 COURT MIAMI, FL 33144	

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

0000 - Initial Comments

A Complaint Survey (CCR#2016011348 was conducted on November 22, 2016. Diana Home Care II (AL#10533) had no deficiencies identified at the time of the survey.