



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 28, 2016

Administrator
Katia's Loving Home 2 Inc
2820 Sw 108 Pl
Miami, FL 33165

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 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.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

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968769	(X3) DATE SURVEY COMPLETED 12/21/2016
NAME OF PROVIDER OR SUPPLIER KATIA'S LOVING HOME 2 INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 SW 108 PL MIAMI, FL 33165	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 12/21/2016. Katia's Loving Home 2 Inc. (Lic 12622) with a standard license had no deficiencies identified at the time of the survey.