

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964770	(X3) DATE SURVEY COMPLETED 12/13/2016
NAME OF PROVIDER OR SUPPLIER SYLVIA'S SENIOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 23025 SW 120 AVENUE MIAMI, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Limited Mental Health (LMH) Expansion Survey was scheduled on 12/13/16. Sylvia's Senior Home with a standard license #9429 decided to withdraw the application for the LMH component.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 20, 2016

Administrator
Sylvia's Senior Home
23025 Sw 120 Avenue
Miami, FL 33170

Dear Administrator:

This letter reports findings of a Limited Mental Health licensure survey that was scheduled on December 13, 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 dark ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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