

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965854	(X3) DATE SURVEY COMPLETED 12/22/2016
NAME OF PROVIDER OR SUPPLIER SUANY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 20411 SW 116 ROAD MIAMI, FL 33189	

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

0000 - Initial Comments

A Change of Ownership Survey was conducted on 12/22/16. Suany's Home with Limited Mental Health component, license # 10173, did not have deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 6, 2017

Administrator
Suany's Home
20411 Sw 116 Road
Miami, FL 33189

Dear Administrator:

This letter reports findings of a Change of Ownership licensure survey that was conducted on December 22, 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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