

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965702	(X3) DATE SURVEY COMPLETED 12/20/2016
NAME OF PROVIDER OR SUPPLIER AMOR DE DIOS	STREET ADDRESS, CITY, STATE, ZIP CODE 718 NW 132 PLACE MIAMI, FL 33182	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on December 22, 2016. Amor De Dios (License #10069) with Limited Mental Health component had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 18, 2017

Administrator
Amor De Dios
718 Nw 132 Place
Miami, FL 33182

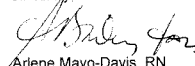
Dear Administrator:

This letter reports findings of a standard biennial state relicensure survey that was conducted on December 20, 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

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