



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 26, 2017

Administrator
1 Kind Home Inc
911-913 Sw 12 Avenue
Miami, FL 33130

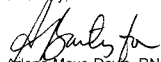
Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on January 20, 2017 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,


Ariene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/26/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968002	(X3) DATE SURVEY COMPLETED 01/20/2017
NAME OF PROVIDER OR SUPPLIER 1 KIND HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 911-913 SW 12 AVENUE MIAMI, FL 33130	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 01/20/17. 1 Kind Home Inc. (Lic # 11973) had no deficiencies found at time of the survey.