



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 19, 2017

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

RE: CCR #2016011856

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 22, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis", is written over a faint, larger signature.

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965702	(X3) DATE SURVEY COMPLETED 12/22/2016
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 Complaint (CCR# 2016011056) Survey was conducted on December 22, 2016. Amor De Dios (License #10069) with Limited Mental Health component had no deficiencies identified at time of the survey.