STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966387	R **02/07/2017**
NAME OF PROVIDER OR SUPPLIER **MARCIA ADULT CARE #1, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5143 SW 157 COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Third Survey Revisit desk review was completed on 02/07/17 at Marcia Adult Care (AL #10575) with Limited Mental Health component.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 7, 2017

Administrator
Marcia Adult Care #1, Inc
5143 Sw 157 Court
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit desk review conducted on February 7, 2017 by representative(s) of this office.

The previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

AMD:ve
Enclosure

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