

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911395	(X3) DATE SURVEY COMPLETED 11/06/2013
NAME OF PROVIDER OR SUPPLIER Residential Plaza At Blue Lagoon	STREET ADDRESS, CITY, STATE, ZIP CODE 5617 Nw 7 Street Miami, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation survey CCR 2013008637 was conducted on 11/06/2013. Residential Plaza at Blue Lagoon Assisted Living Facility had no deficiencies at time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2013

Administrator
Residential Plaza At Blue Lagoon
5617 Nw 7 Street
Miami, FL 33126

CCR#2013008837

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 6, 2013 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.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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