

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/08/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967074	(X3) DATE SURVEY COMPLETED 12/12/2013
NAME OF PROVIDER OR SUPPLIER Idalmis Residence Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 3530 Sw 12 Street Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A visit for a standard biennial survey was conducted on 12/12/2013. Idalmis Residence had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2014

Administrator
Idalmis Residence Inc
3530 Sw 12 Street
Miami, FL 33135

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 12, 2013 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

IGGN

