

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942771	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Calusa Adult Care I	STREET ADDRESS, CITY, STATE, ZIP CODE 13871 Sw 112 Street Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on April 10, 2014. Calusa Adult Care I had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 30, 2014

Administrator
Calusa Adult Care I
13871 SW 112 Street
Miami, FL 33186

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 10, 2014 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

and
Enclosure

IGGN

