

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911035	(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER ST ANNE'S RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 11855 QUAIL ROOST DRIVE MIAMI, FL 33177	

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

0000 Initial Comments

On October 15, 2015 a monitoring licensure survey was conducted at St Anne's Residence. No deficiencies were identified during the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 2, 2015

Administrator
St Anne's Residence
11855 Quail Roost Drive
Miami, FL 33177

Dear Administrator:

This letter reports findings of a monitoring licensure survey that was conducted on October 15, 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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