

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911395	(X3) DATE SURVEY COMPLETED 11/02/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint Survey (CCR#2015011341) was conducted on November 02, 2015. Residential Plaza at Blue Lagoon with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 13, 2015

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

RE: CCR #2015011341

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 2, 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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