

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/10/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED 04/25/2016
NAME OF PROVIDER OR SUPPLIER VILLA JOSEFA	STREET ADDRESS, CITY, STATE, ZIP CODE 16139 SW 68 TERRACE MIAMI, FL 33193	

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

0000 Initial Comments

A limited nursing services monitoring survey was conducted on April 25, 2016. Villa Josefa with limited mental health and limited nursing services components had deficiencies identified at the time of the survey and were cited under biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 10, 2016

Administrator
Villa Josefa
16139 Sw 68 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring licensure survey that was conducted on April 25, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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