

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/30/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED 11/16/2016
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 November 16, 2016. Villa Josefa with Limited Nursing Services and Limited Mental Health component, license 10483, had deficiencies cited under the Change of Ownership Survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 30, 2016

Administrator
Villa Josefa
16139 Sw 68 Terrace
Miami, FL 33193

Dear Administrator

This letter reports findings of a limited nursing services monitoring survey that was conducted on November 16, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were deficiencies cited under the change of ownership 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 Sonia A Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:SB
Enclosure

1GGN

