

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/31/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966019	(X3) DATE SURVEY COMPLETED 01/17/2017
NAME OF PROVIDER OR SUPPLIER MARIA'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 16131 SW 104 COURT MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on January 17, 2017. Maria's Home had no deficiencies identified at time of the survey. Facility license #10269.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 31, 2017

Administrator
Maria's Home
16131 Sw 104 Court
Miami, FL 33157

Dear Administrator:

This letter reports findings of a Standard Biennial licensure survey that was conducted on January 17, 2017 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,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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