

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968499	(X3) DATE SURVEY COMPLETED 07/31/2013
NAME OF PROVIDER OR SUPPLIER Am Sweet Home Alf, Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 13066 Sw 187 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An announced Initial Survey was conducted on July 31, 2013 at Am Sweet Home ALF. There were no deficiencies found at time of survey. Recommendations will be forwarded to Tallahassee for an Initial Standard license for a capacity of 6 residents.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2013

Administrator
Am Sweet Home Alf, Corp
13066 Sw 187 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on July 31, 2013 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

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Enclosure

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