

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/13/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966967	(X3) DATE SURVEY COMPLETED 08/28/2013
NAME OF PROVIDER OR SUPPLIER Natalia Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2118 Sw151 Place Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

A follow up to a biennial survey was made at Natalia ALF on 08/28/2013. No deficiencies were identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2013

Administrator
Natalia Alf Inc
2118 Sw151 Place
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 28, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,

E. Canale
Arlene Mayo-Davis *pon*
Field Office Manager

AMD:sy
Enclosure

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