

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/04/2013  
FORM APPROVED

|                                                                                                        |                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966278</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>10/14/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Our Lady Of Lourdes Alf, Inc</b>                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>14491 Sw 153 Terrace<br/>Miami, FL 33177</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced limited nursing services monitoring survey was conducted on 10/14/2013. Our Lady of Lourdes Alf, Inc had no deficiencies at the time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 5, 2013

Administrator  
Our Lady Of Lourdes Alf, Inc  
14491 Sw 153 Terrace  
Miami, FL 33177

Dear Administrator:

This letter reports findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on October 14, 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

AMD:sy  
Enclosure

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