

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/29/2013  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965409</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>10/10/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Cary Crist Home Care Alf, Inc</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1706 Sw 136 Place<br/>Miami, FL 33175</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 performed at Cary Crist Home Care ALF, Inc on October 10, 2013. No deficiencies were found at time at survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 5, 2013

Administrator  
Cary Crist Home Care Alf, Inc  
1706 Sw 136 Place  
Miami, FL 33175

Dear Administrator:

This letter reports findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on October 10, 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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