



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 10, 2014

Administrator
Hernandez & Sons Alf Inc
7265 Nw 5 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) revisit survey conducted on February 6, 2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964867	(X3) DATE SURVEY COMPLETED 02/06/2014
NAME OF PROVIDER OR SUPPLIER Hernandez & Sons Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 7265 Nw 5 Street Miami, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-02/06/2014

L243-Lmh - Training-02/06/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A visit for a Change of Ownership (CHOW) follow up was made on 02/06/2014. Villa Isabel had no deficiencies at the time of the Survey.