



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 18, 2014

Administrator
ALF of Pomona Park, Inc.
422 Pleasant Street
Pomona Park, FL 32181

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on February 17, 2014 by a representative of this office. Enclosed 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/18/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968597	(X3) DATE SURVEY COMPLETED 02/17/2014
NAME OF PROVIDER OR SUPPLIER Alf Of Pomona Park, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 422 Pleasant St Pomona Park, FL 32181	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An announced initial licensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS) was conducted at ALF of Pomona Park, Inc., 422 Pleasant Street, Pomona Park, Florida 32187. The facility was recommended for licensure.