

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/19/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965091	(X3) DATE SURVEY COMPLETED 02/24/2014
NAME OF PROVIDER OR SUPPLIER Marilin Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 7312 Sw 16 Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0160-Records - Facility-02/24/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up to a complaint inspection (CCR#2013009952) was conducted on 02/24/2014. Marilyn ALF there were no deficiencies noted during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2014

Administrator
Marilyn Alf
7312 Sw 16 Street
Miami, FL 33155

CCR#2013009952 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on February 24, 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

