

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965543	(X3) DATE SURVEY COMPLETED 03/25/2014
NAME OF PROVIDER OR SUPPLIER Amigos Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 5701 Northwest 110th Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-03/25/2014

Specific Tag Findings:

0000-Initial Comments

A unannounced follow up to a Limited Nursing Services Monitoring survey was conducted at Amigos ALF on March 25, 2014. Previous deficiency was corrected, no other deficiencies found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2014

Administrator
Amigos Alf
5701 Northwest 110th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring revisit survey conducted on March 25, 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

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