

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953319	(X3) DATE SURVEY COMPLETED 03/27/2014
NAME OF PROVIDER OR SUPPLIER My Home Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 290 Nw 188th Street Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey (CCR#2014002395) was conducted on 3/27/14. My Home ALF had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
My Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169

Re: CCR #2014002395

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 27, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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