

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965431	(X3) DATE SURVEY COMPLETED 03/31/2014
NAME OF PROVIDER OR SUPPLIER Alf Family Palace Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 7521 West 30th Lane Hialeah, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Complaint (CCR# 2014003031) Survey was conducted on March 31,2014. ALF Family Palace Corp had deficiencies cited under the biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2014

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Re: CCR #2014003031

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 31, 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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