

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/21/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966696	(X3) DATE SURVEY COMPLETED 04/09/2014
NAME OF PROVIDER OR SUPPLIER Leoray ALF, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 101 Thomas Road Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR #2014002270, was conducted on 04/09/14 at Leoray ALF, inc. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2014

Administrator
Leoray ALF, Inc
101 Thomas Road
Hollywood, FL 33023

RE: CCR #2014002270

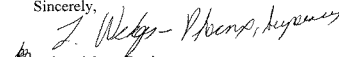
Dear Administrator:

This letter reports the findings of a complaint survey completed on April 9, 2014 by a representative 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

