

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968205	(X3) DATE SURVEY COMPLETED 04/08/2014
NAME OF PROVIDER OR SUPPLIER Almar Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 Nw 18 Terrace Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-04/08/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Follow-up Complaint Survey (CCR#2014001603) was completed on April 8, 2014. Almar ALF Inc had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2014

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a complaint survey revisit (CCR# 2014001603) conducted on April 8, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

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