STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965827	**04/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf Sevilla Home Care Corp	**10844 Sw 154 Terrace Miami, FL 33157**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced visit for a Complaint investigation (# 2014002752) was completed at ALF Sevilla Home Care Corp. on 04/09/2014. ALF Sevilla Home Care Corp. had no deficiencies at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 29, 2014

Administrator
Alf Sevilla Home Care Corp
10844 SW 154th Terrace
Miami, FL 33157

Re: CCR #2014002752

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 9, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis
Field Office Manager

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Enclosure

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