

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966238	(X3) DATE SURVEY COMPLETED 04/22/2014
NAME OF PROVIDER OR SUPPLIER Juan Pablo II Alf, Corp.	STREET ADDRESS, CITY, STATE, ZIP CODE 15680 Sw 139 Avenue Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0162-Records - Resident-04/22/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up visit for a change of ownership (CHOW) survey was conducted on 04/22/2014. Juan Pablo II Alf, Corp. facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 5, 2014

Administrator
Juan Pablo Li Alf, Corp.
15680 Sw 139 Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a state change of ownership survey revisit conducted on April 22, 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.

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
Field Office Manager

AMD:pt
Enclosure

DT9D

