

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968099	(X3) DATE SURVEY COMPLETED 05/29/2014
NAME OF PROVIDER OR SUPPLIER Cutler Bay Village Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 10425 Sw 212 Street Miami, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on 05/29/2014. Cutler Bay Village Alf had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2014

Administrator
Cutler Bay Village Alf
10425 Sw 212 Street
Miami, FL 33189

Dear Administrator:

This letter reports findings of a state limited nursing services monitoring survey that was conducted on May 29, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

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