STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	**05/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalon Alf	**7046 S W 103 Place Miami, FL 33173**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-05/28/2014
0056-Medication - Labeling And Orders-05/28/2014
0057-Medication - Over The Counter (otc) Products-05/28/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated follow up survey was conducted on 05-28-14. Shalon ALF. The previous deficiencies were corrected at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2014

Administrator
Shalon Alf
7046 S W 103 Place
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a state abbreviated survey revisit conducted on May 28, 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, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

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