

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966656	(X3) DATE SURVEY COMPLETED 06/09/2014
NAME OF PROVIDER OR SUPPLIER Ive Home li Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 22636 Sw 125 Avenue Miami, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-06/09/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up to a Biennial survey was conducted on June 09, 2014 at Ive Home II. All previously identified deficiencies were found to be corrected at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2014

Administrator
Ive Home II Alf
22636 Sw 125 Avenue
Miami, FL 33170

Dear Administrator:

This letter reports the findings of a state biennial licensure survey revisit conducted on June 9, 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,

A handwritten signature in cursive script, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

