STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	**06/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf Family Palace Corp	**7521 West 30th Lane Hialeah, FL 33018**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0032-Resident Care - Elopement Standards-06/18/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-06/18/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up Change of Ownership survey was conducted on 06-18-14. ALF Family Palace, Corp had no deficiencies at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2014

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a change of ownership survey revisit conducted on June 18, 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

DT9D

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