STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968250	**06/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Calvinelle South Assisted Living Facility Inc	**1750 Nw 41 Street Miami, FL 33142**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR # 2014004255) Survey was conducted on 6/23/2014. Calvinelle South Assisted Living Facility Inc had no deficiencies regarding this complaint at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 24, 2014

Administrator
Calvinelle South Assisted Living Facility Inc
1750 Nw 41 Street
Miami, FL 33142

RE: CCR #2014004255

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 23, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for
Arlene Mayo- Davis
Field Office Manager

AMD:vf
Enclosure

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