

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953319	(X3) DATE SURVEY COMPLETED 07/15/2014
NAME OF PROVIDER OR SUPPLIER My Home Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 290 Nw 188th Street Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-07/15/2014

0055-Medication - Storage And Disposal-07/15/2014

Specific Tag Findings:

0000-Initial Comments

A 3rd Follow-up to a Biennial Survey was conducted on 07/15/2014. My Home ALF deficiencies were corrected at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2014

Administrator
My Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a 3rd Follow-up to a Biennial survey conducted on July 15, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo- Davis, RN
Field Office Manager

AMD:ve
Enclosure

0790

