STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**07/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	**2120 Nw 18 Terrace Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
L241-Lmh - Records-07/17/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was completed on July 17, 2014. Almar Assisted Living Facility Inc had no deficiencies at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 13, 2014

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on July 17, 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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