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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965853</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>07/09/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Bosch Alf, Inc</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3060 Nw 19 Terrace<br/>Miami, FL 33125</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

A standard biennial survey was conducted on 07/09/2014. Bosch Assisted Living Facility had no deficiencies at the time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 12, 2014

Administrator  
Bosch Alf, Inc  
3060 Nw 19 Terrace  
Miami, FL 33125

Dear Administrator:

This letter reports findings of a standard biennial survey that was conducted on July 9, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 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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