

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966672	(X3) DATE SURVEY COMPLETED 07/08/2014
NAME OF PROVIDER OR SUPPLIER Lourdes Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 14825 Sw 82st Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0162-Records - Resident-07/08/2014

Specific Tag Findings:

0000-Initial Comments

A Revisit to Biennial survey was conducted on 07/08/14. Lourdes ALF had deficiencies were corrected at the time of the visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2014

Administrator
Lourdes Alf
14825 Sw 82st
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on July 8, 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

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