

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967353	(X3) DATE SURVEY COMPLETED 07/16/2014
NAME OF PROVIDER OR SUPPLIER Calvinelle Adult Home Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 1627 Nw 62 Terrace Miami, FL 33140	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on July 16, 2014. Calvinelle Adult Home ALF had no deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2014

Administrator
Calvinelle Adult Home Alf
1627 Nw 62 Terrace
Miami, FL 33140

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on July 16, 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 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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