

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953688	(X3) DATE SURVEY COMPLETED 08/14/2014
NAME OF PROVIDER OR SUPPLIER Palm Breeze Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 1045-1055 Palm Avenue Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Extended Congregated Care Monitoring Survey was conducted on August 14, 2014. Keko Jones/ Palm Breeze ALF had no deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 29, 2014

Administrator
Palm Breeze Alf
1045-1055 Palm Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of a extended congregate care monitoring survey that was conducted on August 14, 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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