

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967900	(X3) DATE SURVEY COMPLETED 08/21/2014
NAME OF PROVIDER OR SUPPLIER My Angel's Alf Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 13620 S W 119 Street Miami, FL 33186	
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 08/21/14. My Angel's Alf Corp had deficiencies at the time of the survey, they were cited under the Standard Biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2014

Administrator
My Angel's Alf Corp
13620 S W 119 Street
Miami, FL 33186

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on August 21, 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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