

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967199	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Casa Bonita Alf Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 931 Ne 17 Terrace Homestead, FL 33033	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-09/16/2014

Specific Tag Findings:

0000-Initial Comments

A Biennial survey revisit was conducted on 09/16/14. Casa Bonita ALF LLC had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 29, 2014

Administrator
Casa Bonita Alf LLC
931 Ne 17 Terrace
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a Biennial revisit conducted on September 16, 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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone: (305) 593-3100; Fax: (305) 593-3121
AHCA.MyFlorida.com



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