STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	**10/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalom Alf	**441 Nw 33 Ave Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0081-Training - Staff In-Service-10/09/2014
0082-Training - Hiv/aids-10/09/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/09/2014
0090-Training - Do Not Resuscitate Orders-10/09/2014
0161-Records - Staff-10/09/2014
0162-Records - Resident-10/09/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 10/09/14. Shalom ALF had no deficiencies at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2014

Administrator
Shalom Alf
441 Nw 33 Ave
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on October 9, 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

DT9D

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