STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967448	**10/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Chanel Nursing Care Alf, Corp	**14111 Sw 43 Street Miami, FL 33175**	
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 October 6th, 2014. Chanel Nursing Care Alf, Corp had deficiencies at the time of the survey and they were cited under the biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2014

Administrator
Chanel Nursing Care Alf, Corp
14111 Sw 43 Street
Miami, FL 33175

Dear Administrator:

This letter reports findings of a limited nursing services monitoring survey that was conducted on October 6, 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. However, there were deficiencies found and cited under the standard biennial survey conducted on the same day.

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,

Kristal Branton for

Arlene Mayo-Davis, rn
Field Office Manager

AMD:kb
Enclosure

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