STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968250	**11/10/2014**
NAME OF PROVIDER OR SUPPLIER **Calvinelle South Assisted Living Facility Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **1750 Nw 41 Street Miami, FL 33142**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0165-Risk Mgmt & Qa; Adverse Incident Report-11/10/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on November 10, 2014. Calvinelle South Assisted Living Facility had no deficiencies identified at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

Administrator
Calvinelle South Assisted Living Facility Inc
1750 Nw 41 Street
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a standard biennial survey second revisit conducted on November 10, 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 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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