

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968662	(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER Kendall Alf 1 Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Sw 106th Ct Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Initial Survey was conducted on November 06, 2014. Kendall Assisted Living Facility I had no deficiencies at time of survey. A recommendation will be sent to the licensure unit for a Standard license with a capacity of 6.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2014

Administrator
Kendall Alf 1 Lic
9700 Sw 106th Ct
Miami, FL 33176

Dear Administrator:

This letter reports the findings of an initial licensure survey conducted on November 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.

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

34IJ

