STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kendall Alf Ii, Inc	10230 Sw 91 Street Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0079-Staffing Standards - Levels-11/12/2014
0081-Training - Staff In-Service-11/12/2014
0082-Training - Hiv/aids-11/12/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-11/12/2014
0085-Training - Nutrition & Food Service-11/12/2014
0086-Training - Adrd-11/12/2014
0090-Training - Do Not Resuscitate Orders-11/12/2014
0093-Food Service - Dietary Standards-11/12/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A complaint Investigation (CCR#2014008092) revisit survey was conducted on 11/12/14. Kendall Assisted Living Facility II, LLC had no deficiencies found at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2014

Administrator
Kendall Alf li, Inc
10230 Sw 91 Street
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on November 12, 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

DT9D

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