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|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964681</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>11/05/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Coral Terrace Alf, Inc</b>                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6744 Sw 22 Street<br/>Miami, FL 33155</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An Abbreviated Biennial survey was conducted on November 04, 2014 and November 05, 2014. Coral Terrace ALF Inc had no deficiencies found at the time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 9, 2014

Administrator  
Coral Terrace Alf, Inc  
6744 Sw 22 Street  
Miami, FL 33155

Dear Administrator:

This letter reports findings of an Abbreviated Biennial licensure survey that was conducted on November 5, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN  
Field Office Manager

AMD:ve  
Enclosure

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