| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967226** | **12/04/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Alf Family Solution Corp** | **7235 South Water Way Drive Miami, FL 33155** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
L241-Lmh - Records-12/04/2014

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

An abbreviated biennial survey was conducted on 12/04/14. Assisted Living Facility(ALF) Family Solution Corp.. had no deficiencies found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2014

Administrator
Alf Family Solution Corp
7235 South Water Way Drive
Miami, FL 33155

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey revisit conducted on December 4, 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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