

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967226	(X3) DATE SURVEY COMPLETED 11/12/2014
NAME OF PROVIDER OR SUPPLIER Alf Family Solution Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 7235 South Water Way Drive Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-11/12/2014

0078-Staffing Standards - Staff-11/12/2014

0162-Records - Resident-11/12/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Revisit survey was conducted on 11-12-14. ALF Family Solution had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

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

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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

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