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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968205</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>12/15/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Almar Alf Inc</b>                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2120 Nw 18 Terrace<br/>Miami, FL 33125</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-12/15/2014  
0079-Staffing Standards - Levels-12/15/2014

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

A complaint survey (CCR#2014008237) revisit was conducted on December 15, 2014. Almar Assisted Living Facility Inc. did not have deficiencies at time of the survey.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

December 31, 2014

Administrator  
Almar Alf Inc  
2120 Nw 18 Terrace  
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on December 15, 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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