

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968240	(X3) DATE SURVEY COMPLETED 01/06/2015
NAME OF PROVIDER OR SUPPLIER Blessing Alf Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 Ne 154 Terrace Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An complaint inspection (#2014012383) was conducted on 1/6/15. Blessing Assisted Living Facility LLC . had no deficiencies noted at the time of the inspection.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2015

Administrator
Blessing Alf Llc
1051 Ne 154 Terrace
Miami, FL 33162

RE: CCR #2014012383

Dear Administrator:

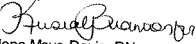
This letter reports the findings of a complaint survey completed on January 6, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact 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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