STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965091	03/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marilin Alf	7312 Sw 16 Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-03/05/2015
0030-Resident Care - Rights & Facility Procedures-03/05/2015
0053-Medication - Administration-03/05/2015
0055-Medication - Storage And Disposal-03/05/2015
0161-Records - Staff-03/05/2015
Z827-Unlicensed Activity-03/05/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 03/05/2015. Marilin ALF had no deficiencies at time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 18, 2015

Administrator
Marilin Alf
7312 Sw 16 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Biennial licensure survey revisit conducted on March 5, 2015 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 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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