| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968099** | **03/18/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **CUTLER BAY VILLAGE ALF** | **10425 SW 212 STREET MIAMI, FL 33189** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A limited nursing services survey monitoring was conducted on March 18th, 2015. Cutler Bay Village Alf had deficiencies at time of the survey that were cited under biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2015

Administrator
Cutler Bay Village Alf
10425 Sw 212 Street

Dear Administrator:

This letter reports findings of a limited nursing services monitoring survey that was conducted on March 18, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates all deficiencies werre cited under the biennial 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 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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