

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965060	(X3) DATE SURVEY COMPLETED 03/20/2015
NAME OF PROVIDER OR SUPPLIER ALEA ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5304 NW 16TH STREET LAUDERHILL, FL 33313	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2015000483, was conducted on 03/26/15 at the Alea Assisted Living Facilities, LLC. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 08, 2015

Administrator
Alea Assisted Living Facility
5304 NW 16th Street
Lauderhill, FL 33313

RE: CCR #2015000483

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on March 20, 2015 by a representative from 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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