

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968471	(X3) DATE SURVEY COMPLETED 05/07/2015
NAME OF PROVIDER OR SUPPLIER MOON RIVER ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NW 88 STREET MIAMI, FL 33147	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An Extended Congregate Care (ECC) Monitoring survey was conducted on May 07, 2015. Moon River ALF had no deficiencies identified at time of the survey within the ECC component.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 21, 2015

Administrator
Moon River Alf
2811 Nw 88 Street
Miami, FL 33147

Dear Administrator:

This letter reports findings of an Extended Congregate Care Monitoring survey that was conducted on May 7, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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