STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968810	05/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OPEN ARMS ALF, INC	13453 SW 289 TERR HOMESTEAD, FL 33033	

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

0000 - Initial Comments

An Initial licensure Survey was conducted on 05/22/15. Open Arms ALF, Inc. with Limited Mental Health (LMH) component had no deficiencies found at the time of the survey. A recommendation of a standard license with LMH component with six beds will be sent to the licensure unit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 22, 2015

Administrator
Open Arms Alf, Inc
13453 Sw 289 Terr
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on May 22, 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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