STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966532	**05/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LUGAR DE AMOR ALF	**403 NW 136 PLACE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Complaint (2015004000) Survey was conducted on 05/06/15 and concluded on 05/08/15. Lugar De Amor ALF with Limited Mental Health component had deficiencies identified at the time of the survey that were cited under the biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

Administrator
Lugar De Amor Alf
403 Nw 136 Place
Miami, FL 33182

CCR# 2015004000

Dear Administrator:

This letter reports findings of a Complaint survey that was concluded on May 8, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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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