

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967653	(X3) DATE SURVEY COMPLETED 05/12/2015
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NAME OF PROVIDER OR SUPPLIER LAKE VIEW ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 14220 KENDALE LAKES BOULEVARD MIAMI, FL 33183
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on May 12, 2015. Lake View Alf Corp with Limited Nursing Services component had deficiencies found at time of survey which was cited under biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 16, 2015

Administrator
Lake View Alf Corp
14220 Kendale Lakes Boulevard
Miami, FL 33183

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on May 12, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates all deficiencies were 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,

Ariene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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