

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/16/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966954	(X3) DATE SURVEY COMPLETED 05/12/2015
NAME OF PROVIDER OR SUPPLIER BELEN SWEET HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11500 SW 192 STREET MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Standard Biennial Survey was made on 05/12/15. Belen Sweet Home ALF, Inc with Limited Mental Health and Limited Nursing Services component had no deficiencies at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 16, 2015

Administrator
Belen Sweet Home Alf, Inc
11500 Sw 192 Street
Miami, FL 33157

Dear Administrator:

This letter reports findings of a Standard Biennial 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristal Branton".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

1GGN

