STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	**06/29/2015**
NAME OF PROVIDER OR SUPPLIER **VICKY'S HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6402 SW 41 STREET** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Complaint (CCR#2015004176) Survey was conducted on 06/29/15. Vicky's Home ALF with Limited Mental Health and Limited Nursing Service components had deficiency cited under the biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 24, 2015

Administrator
Vicky's Home Alf
6402 Sw 41 Street
Miami, FL 33155

RE: CCR #2015004176

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 29, 2015 by representative(s) of this office. Attached is the provider's copy of the Statement of Deficiencies, 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 contact 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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