

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968870	(X3) DATE SURVEY COMPLETED 08/18/2015
NAME OF PROVIDER OR SUPPLIER WINSTON'S ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6951 NW 5TH CT MIAMI, FL 33150	

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

0000 Initial Comments

A Initial Licensure Survey was conducted on August 18, 2015. Winston's ALF had no deficiencies found at time of the survey. A recommendation will be sent to the licensure unit for standard license with limited mental health component with a capacity of 4 beds.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 31, 2015

Administrator
Winston's Alf
6951 Nw 5th Ct
Miami, FL 33150

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 18, 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

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Enclosure

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