

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967577	(X3) DATE SURVEY COMPLETED 09/02/2015
NAME OF PROVIDER OR SUPPLIER CALVINELLE ADULT HOME ALF #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1786 NW 47 TERRACE MIAMI, FL 33142	

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

0000 Initial Comments

A Complaint Investigation (CCR #2015007258) survey was conducted on 09/02/15. Calvinelle Adult Home #2 with Extended Congregate Care and Limited Mental Health components had no deficiencies found at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2015

Administrator
Calvinelle Adult Home Alf #2
1786 Nw 47 Terrace
Miami, FL 33142

RE: CCR #2015007258

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on September 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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