

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/05/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968205	(X3) DATE SURVEY COMPLETED 09/24/2015
NAME OF PROVIDER OR SUPPLIER ALMAR ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 NW 18 TERRACE MIAMI, FL 33125	

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

0000 Initial Comments

A Monitoring Survey (Checking on owner) was conducted on 09/24/15. Almar ALF Inc with Limited Mental Health and Limited Nursing Services components had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 5, 2015

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports findings of a Monitoring Survey that was conducted on September 24, 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 dark ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

1GGN

