

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964867	(X3) DATE SURVEY COMPLETED 09/21/2015
NAME OF PROVIDER OR SUPPLIER HERNANDEZ & SONS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7265 NW 5 STREET MIAMI, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on September 21, 2015. Hernandez & Son ALF, Inc. with Limited Nursing Services and Limited Mental Health had no deficiencies identified under the surveyed component at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 2, 2015

Administrator
Hernandez & Sons Alf Inc
7265 Nw 5 Street
Miami, FL 33126

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on September 21, 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:KB
Enclosure

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