

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/19/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910926	(X3) DATE SURVEY COMPLETED 09/24/2015
NAME OF PROVIDER OR SUPPLIER FAMILY CARE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 182 WEST 9 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

A Complaint (CCR# 2015007133) Survey was conducted on September 24, 2015. Family Care ALF, Inc with Limited Mental Health and Limited Nursing Services had no deficiencies identified at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 19, 2015

Administrator
Family Care Alf, Inc
182 West 9 Street
Hialeah, FL 33010

RE: CCR #2015007133

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 24, 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,


Ariene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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