STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	**10/06/2015**
NAME OF PROVIDER OR SUPPLIER **VANGELA'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **789 NW 145 TERRACE** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey in conjunction with a Standard Biennial Survey was conducted on October 06, 2015. Vangela's ALF, Corp. had no deficiencies under the limited nursing services component at time of survey. Deficiencies were cited under the Standard Biennial Survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2015

Administrator
Vangela's Alf Corp
789 Nw 145 Terrace
Miami, FL 33168

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on October 6, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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

AMD:ve
Enclosure

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