State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966584	A. Building B. Wing	10/21/2015

Name of Facility	Street Address, City, State, Zip Code
ANDALUSIA ALF INC	360 EAST 65 STREET HIALEAH, FL 33013

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 10/21/2015	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 10/21/2015	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 10/21/2015
ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2 LSC	Correction Completed 10/21/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
State Agency		11/02/15			
Reviewed By	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
CMS RO					

Followup to Survey Completed on: 8/12/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 3, 2015

Administrator
Andalusia Alf Inc
360 East 65 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial Survey Revisit conducted on October 21, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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, Healtth Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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