AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953536	**10/13/2015**
NAME OF PROVIDER OR SUPPLIER **BETTER LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5750 NW 192 STREET** **MIAMI, FL 33015**	

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

0000 Initial Comments

A complaint investigation survey (CCR 2015009028) was conducted at Better Life Assisted Living Facility on 10/13/15. Better Life Assisted Living Facility had deficiencies at the time of the investigation. Deficiencies sighted under biennial survey LY0M11.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2015

Administrator
Better Life Alf
5750 Nw 192 Street
Miami, FL 33015

RE: CCR #2015009028

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 13, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating deficiencies found were cited under the biennial 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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