

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/16/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968501	(X3) DATE SURVEY COMPLETED 10/26/2015
NAME OF PROVIDER OR SUPPLIER DEL RIO HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NW 186 STREET MIAMI, FL 33015	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on October 26, 2016. Del Rio Home ALF Inc. with Limited Nursing Services and Limited Mental Health had no deficiencies under the surveyed component.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Administrator
Del Rio Home Alf Inc
7611 Nw 186 Street
Miami, FL 33015

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on October 26, 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,

A handwritten signature in cursive script, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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