STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911674	**11/10/2015**
NAME OF PROVIDER OR SUPPLIER **ALICE'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **12795 NW 10TH LANE** **MIAMI, FL 33182**	

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

0000 Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on November 10, 2015. Alice's Home with Extended Congregate Care component had deficiencies were cited under the Biennial Survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2015

Administrator
Alice's Home
12795 Nw 10th Lane
Miami, FL 33182

Dear Administrator:

This letter reports findings of a Extended Congregate Care Monitoring Survey that was conducted on November 10, 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,

Arlene Mayo-Davis, RN
Field Office Manager

jcj
Enclosure

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