

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11963986

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
10/28/2015

Name of Facility

HIALEAH ALF INC

Street Address, City, State, Zip Code

158 WEST 8 STREET  
HIALEAH, FL 33010

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 A0030<br>Reg. # 58A-5.0182(6) FAC: 429.28<br>LSC | Correction<br>Completed<br>10/28/2015 | ID Prefix A0152<br>Reg. # 58A-5.023(3) FAC<br>LSC | Correction<br>Completed<br>10/28/2015 | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
  
Reviewed By

Date: 12/11/15  
Date:

Signature of Surveyor:  
Signature of Surveyor:

Date:  
Date:

Followup to Survey Completed on:

8/25/2015

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

December 8, 2015

Administrator  
Hialeah Alf Inc  
158 West 8 Street  
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on October 28, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN  
Field Office Manager

AMD:ve  
Enclosure

DT9D

