

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/12/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964899	(X3) DATE SURVEY COMPLETED 12/28/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 16100 SW 101 AVE MIAMI, FL 33157	

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

0000 Initial Comments

A complaint (CCR #2015013151) survey was conducted on 12/28/15. St. Joseph ALF with Limited Mental Health component had no deficiencies identified at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 12, 2016

Administrator
St Joseph Alf
16100 Sw 101 Ave
Miami, FL 33157

RE: CCR #2015013151

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 28, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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