

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968793	(X3) DATE SURVEY COMPLETED 01/06/2016
NAME OF PROVIDER OR SUPPLIER NORTHDALE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4815 CENTERBROOK COURT NORTHDALE, FL 33624	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility On January 06 2016 , a capacity increase survey was conducted at Northdale Assist Living Facility. Deficient practice was not identified during the survey.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Administrator
Northdale Alf, Inc
4815 Centerbrook Court
Northdale, FL 33624

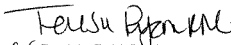
Dear Administrator:

This letter reports findings of a Capacity (Cap) Increasesurvey that was conducted on January 6, 2016 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 **Teresa Ryan, RNC** at (727) 552-2000.

Sincerely,


PR Patricia Reid-Caufman
Field Office Manager

PRC/aew
Enclosure: State (5000-3547) Form

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