

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967763	(X3) DATE SURVEY COMPLETED 01/06/2016
NAME OF PROVIDER OR SUPPLIER ALF FAMILY CARE II, CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13480 SW 89TH TERRACE MIAMI, FL 33186	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on 01/06/2016. ALF Family Care with Limited Mental Health component had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 19, 2016

Administrator
Alf Family Care II, Corp
13480 Sw 89th Terrace
Miami, FL 33186

Dear Administrator:

This letter reports findings of an abbreviated biennial licensure survey 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 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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