

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/22/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963986	(X3) DATE SURVEY COMPLETED 01/11/2016
NAME OF PROVIDER OR SUPPLIER HIALEAH ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 158 WEST 8 STREET HIALEAH, FL 33010	

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

0000 Initial Comments

A limited nursing services expansion survey was conducted on January 11, 2016. Hialeah Alf Inc. with Limited Mental Health component did not have deficiencies identified at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 22, 2016

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

Dear Administrator:

This letter reports findings of a limited nursing services expansion licensure survey that was conducted on January 11, 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

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Enclosure

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