RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2016

Administrator
Alf Of Pomona Park, Inc
422 Pleasant Street
Pomona Park, FL 32181

RE: CCR #2015011144

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 19, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Charles Berry for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968597	**01/19/2016**
NAME OF PROVIDER OR SUPPLIER **ALF OF POMONA PARK, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **422 PLEASANT ST** **POMONA PARK, FL 32181**	

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

0000 Initial Comments

A complaint investigation CCR # 2015011144 was conducted on 1/19/2016 at ALF of Pomona Park, Inc., an assisted living facility located at 422 Pleasant Street, Pomona Park, FL. There was no deficient practice identified at the time of the investigation.