

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/12/2016  
FORM APPROVED

|                                                        |                                                                                             |                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953688</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>PALM BREEZE ALF</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1045-1055 PALM AVENUE<br/>HIALEAH, FL 33010</b> |                                                     |

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

**0000 Initial Comments**

A extended congregate care monitoring survey was conducted on February 1, 2016. Palm Breeze ALF with Extended Congregate Care and Limited Mental Health components did not have deficiencies identified at the time of survey.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

February 12, 2016

Administrator  
Palm Breeze Alf  
1045-1055 Palm Avenue  
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of an extended congregate care monitoring licensure survey that was conducted on February 1, 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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Miami Field Office  
8333 N.W. 53rd Street, Suite 300  
Miami, FL 33166  
Phone:(305) 593-3100; Fax:(305) 593-3121  
AHCA.MyFlorida.com



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