

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967653	(X3) DATE SURVEY COMPLETED 02/08/2016
NAME OF PROVIDER OR SUPPLIER LAKE VIEW ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 14220 KENDALE LAKES BOULEVARD MIAMI, FL 33183	

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

0000 Initial Comments

A complaint (CCR #2015012610) survey was conducted on February 8, 2016. Lake View Alf Corp with standard license did not have deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 23, 2016

Administrator
Lake View Alf Corp
14220 Kendale Lakes Boulevard
Miami, FL 33183

RE: CCR #2015012610

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 8, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact 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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