

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/01/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967369	(X3) DATE SURVEY COMPLETED 02/05/2016
NAME OF PROVIDER OR SUPPLIER JOSE YOANDRY ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2916 NW 31ST STREET MIAMI, FL 33142	

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

0000 Initial Comments

An Standard Biennial Re-licensure Survey was completed at Jose Yoandry ALF with LMH component on 02-05-16 . There were no deficiencies identified at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 1, 2016

Administrator
Jose Yoandry Alf
2916 Nw 31st Street
Miami, FL 33142

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 5, 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

