STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968958	**02/29/2016**
NAME OF PROVIDER OR SUPPLIER **GREEN STREET ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12262 SW 250 TERR** **MAIMI, FL 33032**	

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

0000 Initial Comments

An announced Initial state licensure survey was conducted on February 29th, 2016. Green Street ALF, Corp. did not have deficiencies identified at the time of the survey. A recommendation will be forwarded to Tallahassee for a Standard license with Limited Mental Health component with a capacity of [6].

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 9, 2016

Administrator
Green Street Alf, Corp
12262 Sw 250 Terr
Maimi, FL 33032

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on February 29, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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