

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968337	(X3) DATE SURVEY COMPLETED 03/22/2016
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NAME OF PROVIDER OR SUPPLIER SELA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4080 NORTH 35TH AVENUE HOLLYWOOD, FL 33021
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000	Initial Comments An Extended Congregate Care (ECC) monitoring survey was conducted at Sela ALF, Inc. on 03/22/2016. Sela ALF, Inc. had no deficiencies at the time of the ECC survey.
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 5, 2016

Administrator
Sela ALF, Inc
4080 North 35th Avenue
Hollywood, FL 33021

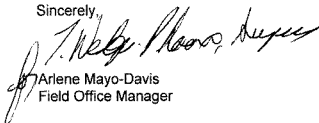
Dear Administrator:

This letter reports findings of a state licensure survey with Extended Congregate Care (ECC) that was conducted on March 22, 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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