STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966962	**04/07/2016**
NAME OF PROVIDER OR SUPPLIER **ABUELITOS FELICES II ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12744 SW 204 STREET** **MIAMI, FL 33177**	

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

0000 Initial Comments

A Complaint Investigation survey CCR # 2016000614 was conducted on 4/07/2016. Abuelitos Felices II ALF, Inc. with Limited Mental Health component had no deficiencies found at time of the survey:

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 19, 2016

Administrator
Abuelitos Felices Ii Alf Inc
12744 Sw 204 Street
Miami, FL 33177

RE: CCR #2016000614

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 7, 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 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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