

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/03/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968250	(X3) DATE SURVEY COMPLETED 04/20/2016
NAME OF PROVIDER OR SUPPLIER CALVINELLE SOUTH ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 NW 41 STREET MIAMI, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on April 20, 2016. Calvinelle South Alf, Inc. with Limited Nursing Services and Limited Mental Health components had no deficiencies identified under the surveyed component at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 3, 2016

Administrator
Calvinelle South Assisted Living Facility Inc
1750 Nw 41 Street
Miami, FL 33142

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 20, 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

