

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968990	(X3) DATE SURVEY COMPLETED 05/04/2016
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NAME OF PROVIDER OR SUPPLIER STAYWELL ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 16961 SW 149TH AVE MIAMI, FL 33187
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Initial Licensure Survey was conducted on 05/04/16 for 6 beds. Staywell ALF, LLC with a Limited Mental Health component had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 10, 2016

Administrator
Staywell Alf, Llc
16961 Sw 149th Ave
Miami, FL 33187

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on May 4, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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