



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 26, 2016
Amended

Administrator
Rego's Alf Inc
9605 Sw 144 Place
Miami, FL 33186

Dear Administrator:

This letter reports findings of a Change of Ownership licensure survey that was conducted on April 27, 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

AMD:ve
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/26/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965608	(X3) DATE SURVEY COMPLETED 04/27/2016
NAME OF PROVIDER OR SUPPLIER REGO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9605 SW 144 PLACE MIAMI, FL 33186	

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

0000 Initial Comments

A (CHOW) Change of Ownership Survey was conducted on 04/27/2016. Rego's ALF Inc. with Limited Mental Health component, had no deficiencies identified at the time of the Survey.