

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968983	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER ALELEA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13444 SW 22 TERR MIAMI, FL 33175	

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

0000 Initial Comments

An Initial Survey was conducted on 06/02/16. Alelea ALF Inc had no deficiencies found at the time.
Recommendation: capacity of six bed.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 13, 2016

Administrator
Alelea Alf Inc
13444 Sw 22 Terr
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on June 2, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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, Helath Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Filed Office Manager

AMD/sb
Enclosure

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