

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968296	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER TIKAS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14822 GARDEN DR MIAMI, FL 33168	

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

0000 Initial Comments

A Limited Mental Health component expansion licensure survey was conducted at Tikas ALF Inc (license 12200) on 06-02-2016. There were no deficiencies found at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 16, 2016

Administrator
Tikas Alf Inc
14822 Garden Dr
Miami, FL 33168

Dear Administrator:

This letter reports findings of a Limited Mental Health component expansion licensure survey that was 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.

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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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