STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968989	**05/26/2016**
NAME OF PROVIDER OR SUPPLIER **AMIGOS ALF HOMES CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2710 SW 77TH CT** **MIAMI, FL 33155**	

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

0000 Initial Comments

An Initial Licensure survey was conducted on 05/26/2016. Amigos ALF Home 2 Corp. had no deficiencies found at the time of the visit. Recommendations will be sent to Tallahassee for an ALF Initial Standard license for 6 beds.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 7, 2016
AMENDED

Administrator
Amigos Alf Homes Corp
2710 Sw 77th Ct
Miami, FL 33155

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on May 26, 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure

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