AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 07/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965409	06/30/2016
NAME OF PROVIDER OR SUPPLIER CARY CRIST HOME CARE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1706 SW 136 PLACE MIAMI, FL 33175	

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

0000 Initial Comments

A limited nursing services monitoring survey was conducted on June 30th, 2016. Cary Crist Home Care Alf, Inc. with limited nursing services and limited mental health components and license number 9796 did not have deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2016

Administrator
Cary Crist Home Care Alf, Inc
1706 Sw 136 Place
Miami, FL 33175

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 30, 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 Sonia Bailey, Helath Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure

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