

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969040	(X3) DATE SURVEY COMPLETED 06/20/2016
NAME OF PROVIDER OR SUPPLIER ALF BEIT SHALOM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9093 BANQUET WAY LAKE WORTH, FL 33467	

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

0000 Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 5 residents was conducted on 06/20/2016 at ALF Beit Shalom Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 7, 2016

Administrator
Alf Beit Shalom Inc
9093 Banquet Way
Lake Worth, FL 33467

Dear Administrator:

This letter reports findings of an Initial state licensure survey that was conducted on June 20, 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

341J

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