STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	R
NAME OF PROVIDER OR SUPPLIER **ALFONSO'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17010 SW 100 AVENUE** **MIAMI, FL 33157**	

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

0000 Initial Comments

A second revisit relicensure survey was conducted on . Alfonso's ALF (license # 11816) had the following deficiency identified at the time of the survey:

0162 Records - Resident

Based on record review and interview, the facility failed to have 1 of 6 (Resident #6) resident's contracts with the facility executed at or prior to admission.

Findings include:

Review of the admission and discharge log showed, Resident #6 was admitted to facility on .

Record review showed, the facility had no a Contract executed with Resident #6.

On at 11:00 a.m. Staff B, stated, the facility has no a Contract for Resident #6 because the resident was admitted the to facility few days ago.

Class III Uncorrected

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Alfonso's Alf Inc
17010 Sw 100 Avenue
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 12, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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,

for

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com