

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967447	(X3) DATE SURVEY COMPLETED 08/16/2016
NAME OF PROVIDER OR SUPPLIER VIZCAYA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 NORTH OCEAN BLVD POMPAÑO BEACH, FL 33062	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016005746 , was conducted on 8/16/16 at Vizcaya ALF, Inc. (License # 11555). The facility had no deficiencies identified at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 30, 2016

Administrator
Vizcaya Alf, Inc
1621 North Ocean Blvd
Pompano Beach, FL 33062

RE: CCR #2016005745

Dear Administrator:

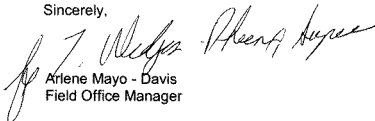
This letter reports the findings of a Complaint Survey completed on August 16, 2016 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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