

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/15/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969056	(X3) DATE SURVEY COMPLETED 09/02/2016
NAME OF PROVIDER OR SUPPLIER CALVINELLE WEST ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2045 NW 26 ST MIAMI, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An Initial Licensure survey was conducted on 09/02/2016. Calvinelle West ALF, Inc. with Limited Nursing Service and Limited Mental Health service components had no deficiencies found at the time of the survey. Recommend license capacity for 14 beds.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 15, 2016

Administrator
Calvinelle West Alf Inc
2045 Nw 26 St
Miami, FL 33142

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on September 2, 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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