

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/19/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968662	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER KENDALL ALF 1 LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9700 SW 106TH CT MIAMI, FL 33176	

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

0000 Initial Comments

A Standard Biennial Survey was conducted October 05, 2016. Kendall ALF 1 LLC License #12588 had no deficiencies identified at time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 19, 2016

Administrator
Kendall Alf 1 Llc
9700 Sw 106th Ct
Miami, FL 33176

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 5, 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

