

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968365	(X3) DATE SURVEY COMPLETED 12/01/2016
NAME OF PROVIDER OR SUPPLIER MAYI'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14053 BRIARDALE LN CARROLLWOOD, FL 33618	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on 12/01/16 at Mayi's ALF Inc. The facility had no deficiencies identified at the time of the visit.

(License # 12274)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 8, 2016

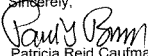
Administrator
Mayi's ALF Inc
14053 Briardale Ln
Carrollwood, FL 33618

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on December 1, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,
for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

