



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016

Administrator
Coral Terrace Alf, Inc
6744 Sw 22 Street
Miami, FL 33155

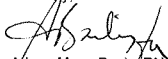
Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on November 14, 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



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964681	(X3) DATE SURVEY COMPLETED 11/14/2016
NAME OF PROVIDER OR SUPPLIER CORAL TERRACE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6744 SW 22 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial was conducted on 11/14/16 to 11/15/16. Coral Terrace ALF Inc (License # 9226), had no deficiencies identified at time of survey.