STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	**12/22/2016**
NAME OF PROVIDER OR SUPPLIER **M & Y CARING AND LOVING ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22712 S W 103 COURT** **MIAMI, FL 33190**	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) Monitoring Survey was scheduled on December 22, 2016. M & Y Caring and Loving ALF, Inc (License # 10867) with Limited Mental Health no longer had the LNS component on their license.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 6, 2017

Administrator
M & Y Caring And Loving Alf, Inc
22712 S W 103 Court
Miami, FL 33190

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitorng licensure survey that was scheduled on December 22, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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