

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969121	(X3) DATE SURVEY COMPLETED 01/03/2017
NAME OF PROVIDER OR SUPPLIER BEYOND OUR DREAMS ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13434 SW 257 TERR MAIMI, FL 33032	

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

0000 - Initial Comments

An Initial Survey was conducted on 01/03/17. Beyond Our Dreams ALF Corp, license # 11119, had no deficiencies identified at time of the survey. A recommendation for a licensed capacity of 6 residents will be forwarded to the licensure unit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

Administrator
Beyond Our Dreams Alf Corp
13434 Sw 257 Terr
Maimi, FL 33032

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on January 3, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no 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

34UJ

