STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967486	01/06/2017
NAME OF PROVIDER OR SUPPLIER **CHALET AT OLD CUTLER (THE) LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7210 SW 148 TERRACE** **CORAL GABLES, FL 33158**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on 01/06/17. Chalet at Old Cutler (The) license #11539 had no deficiencies found at the time of the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 18, 2017

Administrator
Chalet At Old Cutler (the) Llc
7210 Sw 148 Terrace
Coral Gables, FL 33158

Dear Administrator:

This letter reports findings of an abreviated biennial state licensure survey that was conducted on January 6, 2017 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 at (305) 593-3100.

Sincerely,

Health Facility Evaluator Supervisor
Field Office Manager

AMD/sb
Enclosure

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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com