

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967507	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER BELN SWEET HOME ALF II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11825 SW 206 STREET MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial survey was made on 12/27/2016. Beln Sweet Home ALF, license #11532, Limited Mental Health component had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 19, 2017

Administrator
Belen Sweet Home Alf li Inc
11825 Sw 206 Street
Miami, FL 33177

Dear Administrator:

This letter reports findings of a state licensure resurvey that was conducted on December 27, 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

Enclosure

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