STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968412	**01/11/2017**
NAME OF PROVIDER OR SUPPLIER **YENI ALF HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1961 SW 44TH AVENUE** **FORT LAUDERDALE, FL 33317**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at Yeni ALF Care (License #12317) on 1/11/2017. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 25, 2017

Administrator
Yeni Alf Home Care Co
1961 Sw 44th Avenue
Fort Lauderdale, FL 33317

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on January 11, 2017 by a representative 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 representative. Should you have any questions please call the field office at (561) 381-5840.

Sincerely,

Arlene Mayo- Davis
Field Office Manager

AMD/ch
Enclosure

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