

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968447	(X3) DATE SURVEY COMPLETED 01/26/2017
NAME OF PROVIDER OR SUPPLIER RESIDENCIA CASABELLA ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8324 NW 195TH TERR HIALEAH, FL 33015	

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

0000 - Initial Comments

A Standard Biennial licensure survey was conducted on 01-26-2017 at Residencia Casasbella ALF Corp. There were no deficiencies found at the time of the survey.(Lic #12345)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 8, 2017

Administrator
Residencia Casabella Alf Corp
8324 Nw 195th Terr
Hialeah, FL 33015

Dear Administrator:

This letter reports findings of a Standard Biennial licensure survey that was conducted on January 26, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis", is written over a faint, larger version of the same signature.

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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