

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 07/31/2013

FORM APPROVED

|                                                                                                        |                                                                                                  |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965646</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>07/17/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Marina Alf</b>                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>8830 Caribbean Boulevard<br/>Miami, FL 33157</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                  |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced complaint survey (CCR #2013007330) was conducted on 07/17/2013. Marina Alf had no deficiencies found at the time of the survey.



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

August 1, 2013

Administrator  
Marina Alf  
8830 Caribbean Boulevard  
Miami, FL 33157

**Re: CCR #2013007330**

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 17, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure

8/JK1

