

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965060	(X3) DATE SURVEY COMPLETED 12/18/2013
NAME OF PROVIDER OR SUPPLIER Alea Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 5304 Nw 16th Street Lauderhill, FL 33313	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Unannounced Assisted Living Facility licensure complaint inspections' CCR #2013008121 and CCR #2013011272 were conducted on 12/18/13. Alea Assisted Living Facilities, LLC, had no deficiencies found at the time of the visit related to the allegations.

Note: Conducted with the 2nd relicensure revisit. Refer to the separate report.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

December 31, 2013

Administrator
Alea Assisted Living Facility
5304 NW 16th Street
Lauderhill, FL 33313

Re: CCR #2013008121 and #2013011272

Dear Administrator:

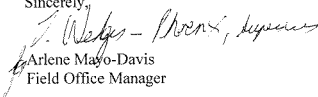
This letter reports the findings of a complaint survey completed on December 18, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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