

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967691	(X3) DATE SURVEY COMPLETED 03/21/2014
NAME OF PROVIDER OR SUPPLIER Miracle Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 8716 West Fountain Avenue Tampa, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-03/21/2014
0083-Training - First Aid And Cpr-03/21/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 26, 2014

Administrator
Miracle ALF
8716 West Fountain Avenue
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on March 21, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul M. Brown

for
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

