

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/18/2014

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965436	(X3) DATE SURVEY COMPLETED 06/04/2014
NAME OF PROVIDER OR SUPPLIER Santa Clara Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 2830 Sw 106 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-06/04/2014

0152-Physical Plant - Safe Living Environ/other-06/04/2014

0167-Resident Contracts-06/04/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on June 4, 2014. Santa Clara ALF. had no deficiencies at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2014

Administrator
Santa Clara Alf
2830 Sw 106 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial Survey Revisit conducted on June 4, 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 revisit.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

DT90

