

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/08/2015  
FORM APPROVED

|                                                                 |                                                                                     |                                                     |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967521</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>05/21/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PALMETTO ALF II, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8933 NW 172ND<br/>HIALEAH, FL 33018</b> |                                                     |

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

**0000 - Initial Comments**

A Limited Nursing Services Monitoring Survey was conducted on May 21, 2015. Palmetto ALF II Inc. with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 8, 2015

Administrator  
Palmetto Alf II, Inc  
8933 Nw 172nd  
Hialeah, FL 33018

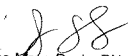
Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on May 21, 2015 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,

  
Arlene Mayo-Davis, RN  
Field Office Manager

AMD:ve  
Enclosure

1GSN

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