

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911596	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2012
NAME OF PROVIDER OR SUPPLIER WILLOW WOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
A 000	Initial Comments An Assisted Living Facility Complaint Inspection #2012003499 survey was conducted on May 29, 2012. Willow Wood, had no deficiencies found at the time of the visit. Note: The Complaint Inspection #2012003499 Survey was conducted in conjunction with the Change of Ownership (CHOW) revisit survey. Please refer to the separate report.	A 000	

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6500

OW2N11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 27, 2012

Administrator
Willow Wood
2855 West Commercial Blvd
Fort Lauderdale, FL 33309

RE: CCR #2012003499

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on May 29, 2012 by a representative from this office. Attached is the provider's copy of the State (3020) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for *A C Boyles, HFE Supervisor*
Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

