Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 There were deficiencies identifed during the Extended Congregate Care (ECC) survey conducted on [redacted] at Abbey Delray Assisted Living Facility.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 055	Continued From page 1 central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 055	Continued From page 2	A 055		

medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure a resident who was self administering medications was assessed for competence to do so for 1 of 1 residents, resident #1, reviewed for self administration of medications.

The findings include:

On 07/1 9:50 a.m. an interview was conducted with resident #1 while he was waiting for transportation to a doctor appointment. It was observed the resident was slightly confused had difficulty focusing on the conversation and questions asked and it was difficult to redirect the resident to the original question.

On 07/1 10:10 a.m. a facility tour was conducted with the Registered Nurse (RN). Resident #1's living quarters was accessed through the unlocked door. Review of the resident's room of eye drops and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 055	Continued From page 3	A 055		

an empty pill container sitting on the desk. The RN stated the resident takes some of his medications by himself and some she will give him. A question was asked to the RN where the resident keeps his medications stored and she proceeded to open the bottom drawer of the night stand next to the bed to reveal a large black box with a key lock, however it was unlocked and housed another bottle of eye drops. Additionally observation of the empty pill bottle on the desk revealed it was a prescription for , a sleeping pill. The RN stated on : the resident came to her and said he was out of the sleeping pill. She stated she called the pharmacy on and the pharmacy would not refill the prescription until as the prescription should not have run out already. The RN also stated the resident is on for and he likes to take that pill by himself also. Observation of the no bottle of . Further observation of the medications revealed 3 bottles of eye drops, (to treat one eighth full and one full bottle in the original box in the bottom drawer of the bedside table in the unlocked black box. Additional observation of the box of eye drops were one drop to each eye at bedtime and in large blue letters was the direction to Keep Refridgerated. Additional observation was made of another eye drop S, used for , with directions for use to be one drop to both eyes twice daily. On the bottle of it was noted to be seven eights full and 2 bottles were noted to be unopened in their original box. Review of the Medication Observation Record (MOR) for revealed this medication was not included in the list of medications the resident was taking.

Review of the record revealed an Assessment of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 055	Continued From page 4 Resident's Ability to Self-Medicate form dated [redacted] for the medications [redacted] and [redacted] documenting the resident demonstrates ability for self-administration of medication.. Review of the Resident Health Assessment 1823 dated [redacted] documents the resident needs assistance with self-administration of medications. Review of Nurses Notes dated [redacted] at 8 a.m. documents the resident 'Alert with some [redacted] Review of Nurses Notes dated [redacted] at 8:00 a.m. document 'Resident alert with some [redacted] On [redacted] documentation states 'resident complained that 2 out of his 3 remotes are missing. Nurse looked and found them in [redacted] On [redacted] at 9:45 a.m. documentation states resident came to nurse's station to apologize for saying bad things about aide. Resident stated that "I maybe having [redacted] because everything I have been saying she said and did never happen." Documentation on [redacted] at 9:30 a.m.states 'Resident alert with some [redacted], thinks staff does not like him.' Documentation on [redacted] at 1:00 p.m. states 'Resident alert with forgetfulness.' Review of the MORs documents the [redacted] to be taken at 7:00 a.m. and the [redacted] and [redacted] eye drops are to be taken at 9:00 p.m. On [redacted] at 11:30 a.m. an interview was conducted with the RN who stated she recalls recently doing an assessment of the resident's capability of taking some of his own medications. Review of the chart revealed an assessment for	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 055	Continued From page 5 the medication however this form was not dated and did not identify the resident. The RN stated that's probably the assessment she completed. Review of the facility policy for Medication Storage states in part, 'If the resident requires assistance with self-administration, the medication will be kept in a locked box in the resident's dwelling unit. Medication that requires refrigeration will be kept in a small refrigerator in the resident's apartment.' Class III	A 055		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and This Statute or Rule is not met as evidenced by:	A 083		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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 083	Continued From page 6 Based on personnel record review and interview, the facility failed to ensure 2 of 4 direct care employee personnel records reviewed, employee #1 and #2, held current valid documentation. The findings include: Review of employee #1's personnel record revealed the last available certificate for review was dated expired in 2008. Review of employee #2's personnel record revealed the last available certificate for review was dated expired in 2008. On at approximately 11:30 a.m. an interview was conducted with the Director of Nurses, who stated she was sure employees #1 and #2 had current valid documentation and that it just might not be in the personnel record. As of at 5:00 p.m. the facility failed to produce evidence via fax or email of employee #1 and #2 holding a current valid certificate. Class III	A 083		
AE201 SS=D	58A-5.030(2) FAC ECC - Policies (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address: (a) Aging in place. (b) The facility ' s residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and	AE201		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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
AE201	Continued From page 7 ECC services listed in subsection (8). (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility. (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff. (e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs. (f) A process for mediating conflicts among residents regarding choice of [redacted] apartment and [redacted] (g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident representative shall be consulted. Choices shall include at a minimum: 1. To participate in the process of developing, implementing, reviewing, and revising the resident ' s service plan; 2. To remain in the same [redacted] the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed; 3. To select among social and leisure activities; 4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and	AE201		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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
AE201	Continued From page 8 5. To provide input with respect to the adoption and amendment of facility policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview the facility failed to be able to provide their Extended Congregate Care (ECC) policy manual upon request. The findings include: On at 9:30 a.m. an ECC monitoring survey was conducted at the facility. Upon arrival a request was made to review their ECC policies and procedures. The ECC Supervisor and faciity Administrator began to look for the manual. On ..... at 10:30 a.m. another request was made to review the ECC policy and procedure manual. The ECC Supervisor and Administrator continued to search for the manual. On ..... at 12:00 p.m. an additional request was made to review the facilities ECC policy manual. At at 12:30 p.m. during the exit the Adminstrator stated the policy manual must be around somewhere but they are unable to locate it at this time. This surveyor advised the Administrator when they locate the ECC policy manual to forward it to this surveyor via email. As of ..... at 5:00 p.m. the facility has failed to produce evidence of having an ECC policy and procedure manual. Class III	AE201		
AE210 SS=D	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency Test. (7) EXTENDED CONGREGATE CARE	AE210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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
AE210	Continued From page 9 TRAINING. (a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility ' s receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , 1998, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the extended congregate care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related (c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility. This Statute or Rule is not met as evidenced by: Based on interview and employee record review	AE210		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY DELRAY HEALTH CENTER	2105 SW 11 COURT DELRAY BEACH, FL 33445

(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
AE210	Continued From page 10	AE210		

the facility failed to ensure direct care staff had the 2 hour Extended Congregate Care (ECC) in-service training within 6 months of hire for 2 of 4 sampled direct care employees, #2 and #4; and failed to ensure the ECC Supervisor, employee #3 had the 4 hour continuing education completed every 2 years.
The findings include:
Review of the personnel record for employee #2 revealed she was hired on _____. Further review revealed she did not have the required 2 hour ECC training within 6 months of hire.
Review of the personnel record for employee #3, the ECC Supervisor, revealed she was hired on _____. Further review revealed she received the 4 hour ECC training on _____. Further review revealed she did not have the 4 hour continuing education as required every 2 years.
Review of the personnel record for employee #4 revealed she was hired on _____. Further review revealed she did not have the required 2 hour ECC training within 6 months of hire.
Review of the facility training log revealed the last ECC 2 hour training was provided on _____.
On _____ at 11:00 a.m. an interview was conducted with the Director of Human Resources who stated she relocated here from another state and was not aware of the required 2 hour ECC training within 6 months of hire. Additionally she stated she will review all personnel records to ensure compliance with the requirements.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Abbey Delray Health Center
2105 S.W. 11th Court
Delray Beach, FL 33445

Dear Administrator:

This letter reports the findings of an Extended Congregate Care survey conducted on . 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your 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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

R.C. Boyles, AFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure