

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2012
NAME OF PROVIDER OR SUPPLIER HOMEWOOD RESIDENCE AT COCONUT			STREET ADDRESS, CITY, STATE, ZIP CODE 4175 WEST SAMPLE ROAD COCONUT CREEK, FL 33073		
(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 Complaint Survey CCR# 2012006222 Allegations were not confirmed. Homewood Residence at Coconut Creek, an Assisted Living Facility, had no deficiencies found at the time of the visit.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6859

J1EN11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 17, 2012

Administrator
Homewood Residence at Coconut Creek
4175 W. Sample Road
Coconut Creek, FL 33073

Re: CCR #2012006222

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 14, 2012 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State Form 3020, indicating no deficiencies were identified during this 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 contact this office at (561) 381-5840.

Sincerely,

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

AMD/hl
Enclosure

