

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942998	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2012
NAME OF PROVIDER OR SUPPLIER TOWERS RETIREMENT HOME MANAGEMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 824 SE 2ND STREET FORT LAUDERDALE, FL 33301		
(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 Assisted Living Facility Complaint Inspection #2012010251 and #2012010271 Surveys were conducted on 10/1/2012. Towers Retirement Home had no deficiencies issued during this visit. Please Note: The Complaint Inspection Surveys were conducted in conjunction with the Licensure Revisit Survey on the same date. Please refer to the separate report for the findings.	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

8899

TOVO11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 17, 2012

Administrator
Towers Retirement Home Management, Inc
824 SE 2nd Street
Fort Lauderdale, FL 33301

RE: CCR #2012010271 & 2012010251

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on October 1, 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 Arlene Mayo-Davis
Field Office manager

AMD/dso
Enclosure: State Form 3020

