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
	AL11910711	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDTOWN MANOR	2001 POLK STREET HOLLYWOOD, FL 33020

(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 Standard Biennial licensure survey was conducted on _____. Midtown Manor had licensure deficiencies at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure care and services were rendered as appropriate for 1 out of 17 sampled residents (Resident #13).

The findings include:

During a review of the clinical record for Resident #13, it was revealed the resident had a weight loss of 6 pounds, specifically with weight for : [redacted]: of 176; [redacted] of 175; and [redacted]: of 170. An interview was conducted with the resident on [redacted] at 10:15 AM during which he stated that he does not receive the type of food that he likes at the facility.

An interview was conducted with Med Tech #1 on [redacted] at approximately 2:10 PM during which she was asked if the MD was notified that the resident was experiencing weight loss. The med tech responded that the resident had a physician's order for nutritional supplements, but the resident's insurance would not pay the cost of the supplements. The surveyor requested a copy of the physician's order. However, the Med Tech stated that she could not find a copy of the order in the resident's clinical file, but stated she was sure that the resident's Power of Attorney (POA) had a copy of the order.

An interview was conducted with Resident #13's POA on [redacted] at 2:36 PM during which he stated that he was not informed that the resident was experiencing any weight loss and he was not aware that the physician had issued an order for a nutritional supplement. He responded that the resident has medical coverage and he was sure

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A 025	Continued From page 2 the coverage would pay for any and all medications and supplements that the resident needed. Class III	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida . . . . - Hotline " 1(800)96 ; or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical ..... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall

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not be considered a physical . . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

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(g) Share a [illegible] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible] the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or

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special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to protect the residents' rights for 2 out of 17 sampled residents (Resident #8 and #3), and all residents during dining. Specifically, 1). The facility failed to allow Resident #8 the right to live in a safe, decent living environment, the ability to make choices about important aspects of his life, as evidenced by not providing unlimited access to a non-smoking covered outside patio area. 2).The facility failed to allow Resident #3 the right to be free from a physical [redacted] 3). The facility failed to treat all residents with consideration of respect and dignity during dining.

The findings include:

1. Record review revealed Resident #8 has a history of chronic [redacted]
insufficiency and [redacted]

The 1823 Health Assessment form dated [redacted] documents the resident as alert and able to make his needs known. He requires assistance with medication management and assistance with ADL care. He is mobile via his wheelchair, due to unsteady gait. There is no documentation or history of wandering and no history of elopement.

During an interview with the resident on [redacted] at 9:45 AM, he stated that he enjoys going outside for fresh air. He expressed that he

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is non-smoker and the only place he can go outside on his own, when he feels like it, is the covered smoking patio area. The resident stated that he cannot sit on the smoking patio, because the smoke bothers him, making it difficult for him to breathe. The resident stated that there is another patio area but it is kept locked because it is unsecured. He stated the open garden does not have shade, and he does not want to sit in the hot sun. He expressed the desire to sit outside without smoke.

On [redacted] at 11:00 AM during observation of the covered outside patio area, the surveyor noted 15 residents sitting on benches around tables, smoking cigarettes, a large cloud of smoke was noted in the covered patio area. The garden portion of the enclosed courtyard was in direct full sun, no protective covering was observed. The surveyor noted that the doors leading out to the smoking patio did not have alarms and the patio was accessible to all residents at all times.

Observation on [redacted] at 12:00 PM of the covered outside patio area, 12 residents were observed sitting smoking cigarettes. No residents were observed sitting on benches in the garden area, which was in full sun. Residents were standing inside the door to the patio waiting for lunch to be served.

Observation on [redacted] at 12:45 PM of the covered outside patio area, the surveyor noted 17 residents sitting smoking cigarettes. No residents were observed in the garden area portion.

Observation on [redacted] at 2:30 PM of the covered outside patio area, 12 residents were observed sitting, on benches at tables, smoking

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cigarettes. There were no residents sitting in the garden area, which was in direct sun.

On [redacted] at 1:30 PM the surveyor observed Resident #8 propelling himself out to the patio. He was observed socializing with fellow residents. The resident returned inside after 5 minutes. 13 residents were observed smoking at the time the resident entered the patio area.

On [redacted] at 10:15 AM during an interview with the Medication Technician, she stated that residents who are mobile can go outside to the enclosed courtyard. She stated that the covered patio was for smokers. She lead the surveyor to another smaller covered patio area, which required a keypad password to exit to the area. The surveyor observed 11 metal frame chairs and a small table. The Medication Technician stated that the chair cushions were being cleaned. She stated that the area was not secure and therefore a staff member must be present when residents are utilizing it. When questioned by the surveyor where do those residents who do not smoke sit, she stated the residents can sit in the garden area of the courtyard in the evening, if they do not want to get any sun during the day. She stated there was no other place for them to sit outside during the day.

On [redacted] at approximately 3:30 PM during an interview with the Assistant Administrator, she stated that the residents can go outside in the open, enclosed, secure patio garden area without permission at any time. She stated the residents can sit in the garden area, near the front gate, if they do not smoke. She stated the covered patio area with tables and chairs is primarily used for the residents that smoke. She stated that a large

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majority of the residents smoke. She stated the smaller non-smoking patio was not being utilized because it is not secure and residents could wander away from the facility. The Administrator and Assistant Administrator agreed that the non-smoking residents should be provided sun protection and not subjected to smoke, if they want to sit outside.

2). On _____ at 10:20 A.M., Resident #3 was observed in a wheelchair with a lap buddy _____. The resident was asked if he could remove the lap buddy, but the resident was unable to respond. The assistant administrator was interviewed on _____ at 10:20 A.M. and said the resident was hospice and she thought the lap buddy was allowed.

3. During the observation of the lunch meal in the main dining _____ at 11:30 AM, the following was noted:

a) All residents were served institutional style food, specifically all foods served on a institutionalized compartment tray. These compartment trays were also noted to be old and heavily worn out. The facility failed to serve foods in a homelike manner, such as the use of dishes that include entree plates, soup and salad bowls, dessert plates, bread and butter dishes, etc.

b) During the observation of the service of the lunch meal in the main kitchen it was noted that there was only 1 pan of pureed foods located on the steam table. The surveyor was informed by the cook that the pureed food was a combined mixture of the entree, starch, and vegetables all mixed together and served as one dish for the lunch meal. Further interview with the cook at the time of the observation revealed that he was

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unaware that residents must be served pureed foods in individual servings to be able to taste the flavor of all foods. A review of the diet census for [redacted] noted that there were 10 residents with physician ordered pureed diets.

Class III

A 093 SS=D 58A-5.020(2) FAC Food Service - Dietary Standards — A 093

(2) DIETARY STANDARDS.
(a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.
(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used

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by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and

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notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of | the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and

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(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 093	Continued From page 13	A 093		

reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to follow dietary standards. Specifically 1). utilizing standardize recipes; 2). following the approved menu including portion size and 3). maintaining an adequate emergency food supply at all times.

The findings include:

1) During the observation of the lunch meal in the main kitchen on [redacted] at 9:30 AM, the cook was questioned concerning the preparation of the Pepper Steak entree and requested the standardized recipe. The cook stated that there were no recipes available and standardized recipes are not used on a daily basis to prepare foods from the approved menu. The surveyor then questioned the administrative staff concerning the use of standardized recipes and a recipe for the Pepper Steak was located in the administrator's office. The cook was given the recipe. However, the 2 kitchen staff are only Spanish speaking and could not read the recipe that was provided in the English language. The facility failed to have standardized recipes available on a daily basis that were written in a language that the staff can read, follow, and understand.

2) During the observation of the lunch meal in the main kitchen on [redacted] at 11:30 AM, it was noted that the portions indicated on the approved menu lunch menu were not being followed,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910711	A. BUILDING _____ B. WING _____	10/22/2012

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MIDTOWN MANOR	2001 POLK STREET HOLLYWOOD, FL 33020

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A 093	Continued From page 14	A 093		

specifically by the following:

(a) A review of the lunch menu revealed that 4 ounces of steak was to be included in a serving of the lunch entree of Pepper Steak. A random portion of the Pepper Steak was weighed on the facility's portion control scale and was recorded at only a 3 ounce steak portion.

(b) The facility lacked portion control, serving equipment to ensure that the portion size indicated on the approved menu was followed. Observation during the lunch service noted that the same size preparation spoons were utilized to serve the pepper steak, rice and vegetable. The facility failed to have available standard serving utensils that included designated portions sizes for scoops and ladles to ensure that the nutritional needs of the residents were being met.

(c) During the observation of the lunch meal, it was noted that 4 small pieces of canned pineapple were being served as the dessert. A review of the approved menu revealed that a 1/2 cup of fresh fruit was documented on the lunch menu. Staff stated that fresh fruits are not being served, as indicated on the approved menu.

3) During the review of the facility's emergency non-perishable food supply, it was revealed that there was an insufficient supply of non-perishable foods to meet the resident's nutritional needs for a 3-day period. The supply lacked an insufficient amount of non-perishable milk, protein and starch foods.

Class III

A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910711	A. BUILDING _____ B. WING _____	

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A 152	Continued From page 15	A 152		

(3) OTHER REQUIREMENTS.
(a) All facilities must:
1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and
2. Must be maintained free of hazards; and
3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.
(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings:
1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident;
2. A closet or wardrobe space for hanging clothes;
3. A dresser, chest or other furniture designed for storage of personal effects;
4. A table, bedside lamp or floor lamp, and waste basket; and
5. A comfortable chair, if requested.
(c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

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A 152	Continued From page 16	A 152		

This Statute or Rule is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to provide a safe and clean living environment for the residents.

The findings include:

During a tour of the facility, conducted on [redacted] initiated at approximately 9:30 AM, the following physical plant issues were identified:

1. The third floor hallway closet door was not attached to wall and was held upright by a bench strategically placed to prevent the doors from falling over.
2. [redacted] A mold like substance was visible in the [redacted] A strong pungent smell of [redacted] was noted in [redacted].
3. [redacted] # [redacted] The comforters on two of the bed,s were observed to be worn and torn.
4. [redacted] Bed #1: had no sheets under the comforter, Bed #2: the sheets were ripped and had several holes, Bed #3: the pillowcase had large visible stain. Upon interview with an occupant of this [redacted] the tour, the resident states he needs a mat in the shower as it is slippery and poses a [redacted] risk.
5. [redacted] The toilet seat was extremely worn and stained; the shower tiles are heavily stained.
6. [redacted]: The mattress on bed #1 and bed #2 are heavily stained, the toilet seat is scored and stained. A single bar of soap is used as community soap by all the residents.
7. [redacted]: The lamp shade is heavily stained and not connected to lamp; the comforter on the bed has several large holes; the resident's

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toothbrush was observed in the sink with no container for the resident's toothbrush.
8. [redacted]: Three bars of soap was stored on the shower floor. Upon interview with an occupant of this [redacted] the tour, the resident stated they have no soap dish, the shower curtain was extremely filthy and the toilet interior was severely stained.
9. The meeting [redacted] observed to have five chairs which are excessively worn, stained and deteriorated. The lamp shade was in disrepair.

Class III

RICK SCOTT
GOVERNOR

AHCA

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by representatives from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty 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 that 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 the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Monica Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
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Phone (561) 381-5840; Fax (561) 496-5924