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
	AL11943069	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLANTIC SHORE RETIREMENT RESIDENCE	1500 NORTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062

(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 Atlantic Shore Retirement, had licensure deficiencies found at the time of the visit.	A 000		
A 007 SS=D	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable which is likely to be transmitted to other residents or staff; however, a person who has may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires	A 007		

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the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
(f) Any special dietary needs can be met by the facility.
(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.
(h) Not require licensed professional mental health treatment on a 24-hour a day basis.
(i) Not be bedridden.
(j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that:
1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility.
(k) Not require any of the following nursing services:
1. Oral, or suctioning;
2. Assistance with tube feeding;
3. Monitoring of gases;
4. Intermittent positive pressure breathing ; or
5. Treatment of surgical or wounds, unless the surgical or and the condition which caused it have been stabilized

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and a plan of care developed.
(l) Not require 24-hour nursing supervision.
(m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.
(n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:
1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;
2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.
(o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observations, record review and interview, it was determined the facility failed to ensure all residents admitted met the admission criteria and the facility was capable of providing the required level of skilled nursing care as ordered by the physician, for 1 out of 12 sampled residents (Resident #1).

The findings include:

During a tour of the facility between the hours of 9:45 AM and 2:30 PM on , it was noted that Resident #1 was observed lying in bed with a

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tube in place. During an interview on at approximately 10:15 AM, the Administrator revealed that the resident also has a but she refuses to wear the cap/protective enclosure. A suction machine was also observed on the portable tray (to the right of the bed), a large amount of mucus was observed in the container. During an interview with the Administrator at 9:55 AM on , she revealed the resident requires periodic suctioning and this task is completed by hospice on nursing visits. However, she was not aware of who recently suctioned the resident.

Record review revealed an admission date of . The resident's health assessment dated documented her medical diagnosis as my-status post and throat and tongue . The resident's and/or behavioral status documented as and . Nursing/Special precautions documented as safety, universal and tube care. The health assessment also documented the resident is independent with ambulation and transferring, supervision required with bathing, dressing, self care, toileting and assistance required with eating (independent with tube and take foods that dissolve almost instantly). Dietary requirement documented the resident is allowed to have drinks, broth, etc. and anything that melts in mouth instantly. During an interview with the Administrator and Assistant Administrator at 11:30 AM on , the resident's medical diagnosis as documented on health assessment was confirmed. It was also revealed Resident #1 was admitted to the facility with a tub and

Review of the listed medications on the health assessment (medication section) dated

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documented the following medications to be given via tube: -take 0.5 mg orally every morning by 0.125 mg -crush and take 1 tablet by -take 0.5 mg by - 150 mg twice a day, - 5 mg twice a day, - 15 mg at bedtime, hctz - 125 mg once a day, - 400 mg once a day, - every six hours as needed and - 0.5 mg every six hours as needed. .

Further interview with the Administrator revealed the resident was enrolled and received assistance from hospice atleast two to three times a week for a couple hours upon each visit, including monitoring the tube and . Review of Resident #1's hospice integrated care plan and admission assessment notes documented an admission date of . Review of Resident #1's hospice Active Medication Profile list dated . documented the following medications: -take 1 ml (2 mg) via tube twice a day for agitation, oral tablet .5 mg - take 1 tablet (0.5 mg) via tube every day for agitation, megestrol 400 mg - take 10 ml via tube twice a day for stimulating appetite, 10 mg - insert 1 (10 mg) every day as needed for oral tablet 0.5 mg - take 1 tablet (0.5 mg) via tube twice a day for oral tablet 10 mg - take 1 tablet (10 mg) via tube everyday for inhalation 2.5 mg) - empty 1 ampule into and inhale by mouth via collar every 6 hours for oral tablet 325 mg - take 2 tablets (650 mg) via tube every 4 hours as needed for greater than 101 (not to exceed 9 tablets per day),

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oral capsule 12.5 mg - take 1 capsule (12.5 mg) via tube every day for high oral tablet 112 mcg -take 1 tablet (112 mcg) via tube every day for the oral tablet - take 1 tablet (8 mg) under the tongue every 6 to 8 hours as needed for and/or oral solution - take 1 tablespoonful (15 ml) via tube every 6 hours around the clock and every 4 hours as needed for pain, oral tablet 600 mg - take 1 tablet by mouth 4 times a day for pain, oral solution 100 mg/5 ml - take 0.25 ml by mouth or under the tongue every 4 hours as needed for pain or oral solution 5 mg - take 10 ml by mouth everyday with food for pain, oral tablet 150 mg - take 1 tablet (150 mg) via tube twice a day.

An interview with the Administrator at 12:18 PM on revealed assistance with self-administered medications are only provided to the resident by Employee #2 (a licensed nurse) and herself (untrained staff member) which was confirmed through employee record review. The Administrator revealed that when she assists the resident with self-administered medications (on a daily basis) she dissolves each medication in a "little water" in a cup and then gives it to the resident to take by mouth. During an interview with the Assistant Administrator (Employee #2) at 12:18 PM on , it was revealed she gives all medications via tube including all oral intakes. She also revealed the resident only consumes ensure 5 to 8 times a day, no foods by mouth. It was also revealed the resident is not capable of performing the aforementioned tasks independently and requires the assistance from the Administrator and Employee #2. Review of

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the Resident #1's MORs for the month of 2012 to current month of 2012, confirmed that medication assistance was provided. However, it was noted that the MORs indicated that medication assistance was not overseen and completed by a licensed nurse on a daily basis. The MORs documented assistance was not solely provided by Employee #2 (licensed nurse) but also the Administrator who is unlicensed on numerous days for the current and prior months.

Further interview with the Administrator and the Assistant Administrator revealed the facility has a standard ALF license and does not have a nurse scheduled 24 hours a day. It was also revealed Employee #2 is a licensed nurse and works various shifts. Upon request of the facility's staffing schedule, a staffing schedule with no dates was provided. According to Employee #2, this is the current staffing pattern for the facility. Review of the staffing schedule provided by Employee #2 confirmed the facility does not have a licensed nurse 24 hours a day to meet the nursing needs of Resident #1. It was also confirmed that the resident was not on continuous crisis care with hospice and 24 hour nursing services were not being provided to the resident by the facility or hospice at time of the survey.

By admitting this resident to the facility, in which it could not meet the daily nursing and care needs, immediately jeopardizes the health and well-being of Resident #1. The caring for an individual with tub and requires continuous nursing care and supervision as evident of the resident's physician orders and health assessment. The facility did not have the nursing skills and license to perform this nursing skill. This is a potentially dangerous situation if

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performed by one who lacks knowledge and is not trained properly.

Class III

A 079 SS=D 58A-5.019(4) FAC Staffing Standards - Levels A 079

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the

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administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels

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established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.

3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.

(f) Facilities holding a limited mental health, extended congregate care, or limited nursing

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A 079	Continued From page 10 services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to maintain an up-to-date written work schedule reflecting the facility's 24 hour staffing pattern for all staff members. The findings include: Upon request of the facility's staffing schedule from Employee #2 (Assistant Administrator), a staffing schedule with no dates was provided. According to Employee #2, this is the current staffing pattern for the facility. During an interview with Employee #2 at 11 AM on 10/2 revealed the facility has employees that provides a 24 hour staffing pattern. Employee #2 was unable to provide a current staffing schedule nor was she able to provide the past 6 months staffing schedules for the facility. Class III	A 079		
AZ815	408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses 408.809, F.S. (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual.	AZ815		

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(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.
(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.
(d) Any person who is a controlling interest if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a description and explanation of the conviction at the time of license application.
(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor ' s employer or the licensee.

(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person ' s fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the

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fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Agency for Persons with , the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 satisfies the requirements of this section if the person subject to screening has not been unemployed for more than 90 days and such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of chapter 435 and this section using forms provided by the agency.

(3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying

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status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee ' s behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an ..... awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(g) Section 817.234, relating to false and fraudulent insurance claims.
(h) Section 817.505, relating to patient brokering.
(i) Section 817.568, relating to criminal use of personal identification information.
(j) Section 817.60, relating to obtaining a credit card through fraudulent means.
(k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(l) Section 831.01, relating to forgery.
(m) Section 831.02, relating to uttering forged

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	AL11943069	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLANTIC SHORE RETIREMENT RESIDENCE	1500 NORTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062

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instruments.
(n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(p) Section 831.30, relating to fraud in obtaining medicinal drugs.
(q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
A person who serves as a controlling interest of, is employed by, or contracts with a licensee on , 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by 31, 2015. The agency may adopt rules to establish a schedule to stagger the implementation of the required rescreening over the 5-year period, beginning 2010, through , 2015. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person.

(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The

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Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining fingerprints pursuant to s. 943.05(2).

(8) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed

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for an exemption with the Department of Health or the agency.

435.06, F.S.

(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.

(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.

(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires

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background screening until the ..... is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.

(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed.

(4) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or ..... for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was ..... regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02(2), F.S.

" Employee " means any person required by law to be screened pursuant to this chapter.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure that all direct care staff members are in compliance with the Level II background screening requirements,

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for 3 out of 5 sampled employees. (Employee #2, #3 & #5)

The findings include:

a) During an interview with Employee #2 (Assistant Administrator) at 10 AM on , it was revealed she is the Assistant Administrator for the facility. Review of Employee #2's personnel file documented a hire date of and a position title of Assistant Administrator . Review of Employee #2's background screening dated indicated a Level I screening eligibility. Upon request of a current background screening from Employee #2, it was revealed this was the only screening available for review. Further interview with Employee #2 revealed she had not updated her background screening every five years as required. Therefore, the facility was unable to provide documentation indicating Employee #2 was in compliance with the Level II background screening requirements.

b) Review of Employee #3's personnel file documented a hire date of and a position title of Resident Care Aid. It was noted the file lacked documentation of a Level II background screening. During an interview with the Assistant Administrator at 12 PM on , it was revealed the facility did not have a background screening for this employee.

c) During an interview with the Administrator and Assistant Administrator (Employee #2) at 11 AM on , it was revealed Employee #5 is the Activity Director and a direct care staff member. Review of Employee #5's personnel file documented a hire date of and a position title of Activity Director and Resident Care Aid. Review of Employee #5's background screening

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dated , documented eligibility status as "not eligible". During an interview with the Assistant Administrator at 12:30 PM on she revealed that she and the Administrator were aware that the employee had a" not eligible" screening but still employed Employee #5. During the survey, Employee #5 was observed having direct contact with residents and conducting activities with residents at the facility between the hours of 9:30 AM and 1 PM on

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Atlantic Shore Retirement Residence
1500 North Riverside Drive
Pompano Beach, FL 33062

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative of 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 , **2013** 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 representative. Should you have any questions please call this office at 561 381-5850.

Sincerely,

Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

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

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