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
	AL11943023	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTHOUSE INN NORTH	3208 N.E. 11 STREET POMPANO BEACH, FL 33062

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A 000	Initial Comments An Assisted Living Facility complaint inspection survey (CCR# 2013004325) was conducted on . . . . . Lighthouse Inn North, had licensure deficiencies found at the time of the visit.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or . . services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable . which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care	A 008		

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A 008	Continued From page 1	A 008		

provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [illegible] 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not

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A 008	Continued From page 2	A 008		

apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the

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A 008	Continued From page 3 examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Assisted Living Facility failed to have a completed health assessment (AHCA Form 1823) after a significant change for 1 out of 6 (Resident #6) sampled residents. The findings include: 1) Record review of Resident #6's file revealed she was admitted to the facility on . Record review revealed physician orders dated . for hospice evaluation with a diagnosis of . (same date of admission). Progress notes dated . showed that Resident #6 had . at that time. Several records indicate resident #6 was receiving . care. 2) In an interview with the Administrator on . at approximately 11:23 AM, she stated that she did not see another 1823 in Resident #6's file, reflecting the resident's care needs (including hospice care and . care). 3) In a phone interview with a representative from the . Care Agency on . at	A 008		

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A 008	Continued From page 4 approximately 11:55 AM, the following was revealed. She stated the resident has had wounds along the way. She stated the resident has had wounds to her chest. It was more or less a return of her ... to the outside or her chest that extended around to her armpit. She did not have a stage for it. She stated the resident had surgery for it in the past and when it came back it came through. There was a new order for ... and it was an order for the right heel (designated a ... She could not remember, if there was a ... or ... 4) In a phone interview with a representative from the ... Care Agency on ... at approximately 12:32 PM, she stated Resident #6 had the wounds to the chest and to the heel which was only 4 days of care, before she was brought to the hospital. She stated early on they were doing ... care to the back area and that was a ... 5) Record review of Resident #6's health assessment dated ..., did not document a diagnosis of ... and was dated prior to the onset of the multiple wounds. Further review revealed the facility failed to complete a new health assessment for resident #6 following a change in condition. 6) In a phone interview with the Administrator on ... at approximately 10:02 PM, she acknowledged the findings. Class III	A 008		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators	A 077		

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A 077	Continued From page 5	A 077		

Staffing Standards.
(1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter.
(a) The administrators shall:
1. Be at least
2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and
4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least ; and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, , 2006, which is

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A 077	Continued From page 6 incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the assisted living facility's assistant Administrator (Manager) failed to complete the CORE training requirements. The findings include: 1) Observations on 04-2 : approximately 9:57 AM, found the Manager in the dining room . Observations found the Manager was currently working at the medication cart. 2) In an interview with the Administrator on 04-2 : approximately 10:10 AM, she stated she was the Administrator for the other location but she is the Administrator here for only a week. She stated the former administrator's official last day was April : she still comes in to go over things with her. 3) Record review of the Manager's file revealed a hire date of 03/0 : was noted the Manager completed CORE training on 02-2 . further record review failed to indicate the Manager had taken and passed the CORE exam. 4) In an interview with the Administrator on 04-2 approximately 11:11 AM, she stated	A 077		

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A 077	Continued From page 7 that the Manager is scheduled next month for the exam. 5) In a phone interview with the Administrator on [redacted] at approximately 10:02 AM, she acknowledged the findings and stated she thought the Manager just needed the class. Class III	A 077		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (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.	A 152		

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A 152	Continued From page 8	A 152		

(c) The facility must maintain master or duplicate keys to resident 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

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the assisted living facility failed to provide a safe living environment free from environmental hazards, failed to ensure that all existing plumbing systems were maintained in good working order and failed to ensure linens provided by the facility shall be free from stains.

The findings include:

1) In an interview with the Administratorin the presence of the Department of Health (DOH) representative on 9:58 AM, she stated that only room #2, employees bathroom in were affected {by the plumbing issues}.

2) Observations on 10:00 AM found the carpet in room #2 damp-like feeling. Observations were confirmed by both the Administrator the Department of Health {DOH} representative. Further, observations found the room contained of the two residents.

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A 152	Continued From page 9 3) In an interview with the DOH representative in the presence of the Administrator on . . . . at approximately 10:13 AM, she stated that since there was only carpeting in the front she would like the two residents living in the front . . . . be relocated and the carpet be taken out. 4) In an interview with the Administrator in the presence of the DOH representative on . . . . at approximately 10:15 AM, she stated they will be able to find a bed for both of the residents currently residing in . . . . It was revealed her maintenance guy will clean the carpet with the "special carpet cleaner". She stated they did not hire someone to clean the carpet, because the facility had the machine and the solution. She stated they used Clorox and pine soil for the tile. 5) In an interview with the DOH representative in the presence of the Administrator on . . . . at approximately 10:29 AM, she stated that she would prefer if the facility had hired someone to come in and clean the carpets professionally (after the Administrator asked if she could just do it with the supplies she has). She stated ideally she would like for the carpet to come out, but stated it can just be cleaned. DOH representative revealed the facility needs to have the carpet assessed by a professional 6) In an interview with the Administrator in presence of the DOH representative on . . . . at approximately 10:32 AM the following revealed. The toilets backed up with the water overflowing onto the floors yesterday morning. She got a text about it at 7:15 AM. The text stated to the the employee ' s . . . . backing up. When she arrived, all of the three resident toilets were overflowing. Roots were found in the pipes and it	A 152		

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would be $3,200.00 to fix. She stated she did not get it fixed, the guy said it needs to be replaced but it will be okay for a while. She stated she was going to get estimates, eventually they will have to get it fixed. She stated she never found it this bad.

7) In an interview with the DOH representative in the presence of the Administrator on [redacted], at approximately 10:35 AM, she stated she will be back on [redacted] 2013. She stated the facility cleaned up and corrected everything except the [redacted] the carpet [redacted]. She stated residents should not be in the [redacted], since it is still wet. She stated the residents cannot go back in the [redacted] she comes back.

8) Record review revealed the plumbing company was at the facility on [redacted] to make repairs. Review of the repair invoice noted "they ran 4 "main clear line of roots" in the amount of $225.00. Further review revealed an estimate to replace "last 10 ft [redacted] iron roots" there was $3,200.00.

9) Observations on [redacted] at approximately 12:21 PM during a tour with the Administrator found [redacted] was locked. When unlocked and opened, observations found a large fan on the floor. The carpet in the [redacted] to be damp-like, brownish marks on the end of the bed in the [redacted] had a slight unpleasant odor. When exiting the [redacted] the surveyor found his shoes sticking to the floor.

10) In an interview with the Administrator on [redacted] at approximately 12:22 PM, she stated that resident #3 sleeps in his bed with his shoes on. She stated that she told the maintenance man to shampoo all the carpets and this [redacted]

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A 152	Continued From page 11 #6) and [redacted] are the only [redacted] with carpet. She stated, after confirming with the Manager, that the toilet overflowed in this [redacted]. She stated that the stickiness could be from the cleaning solutions. 11) In an interview with the Manager on [redacted] at approximately 12:24 PM, she stated the carpet was cleaned yesterday. She stated the water did not get into the dining [redacted]. 12) In an interview with resident #2 on [redacted] at approximately 12:42 PM, she stated her floors were wet yesterday because the toilets overflowed. She stated the staff found out about it and it was fixed, does not know how long it took. She stated that was the first time the toilet flooded, it works now. 13) In an interview with resident #3 on [redacted] at approximately 12:46 PM, he stated yesterday he flushed his toilet and it flooded his [redacted] his carpet. He stated they cleaned his carpet for him, still a little bit wet. He stated his toilet works fine now. He stated the water came out into the dining [redacted] morning. He stated the vacuumed it up and it is dry now. 14) In a phone interview with staff #2 on [redacted] at approximately 1:48 PM the following was revealed. She was at the facility on Sunday from 8 PM to 8 AM on Monday morning. When she went into the staff [redacted] the front she saw the drainage in the floor had water coming out, it was at 4:00 AM in the morning. She stated at 4:30 PM, a resident wanted to use the [redacted] but his toilet was flooding. It was also coming out of the shower drain. At 5:00 AM she showered one of the residents, the water was coming out in [redacted] and also coming out of the	A 152		

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toilet. A resident taking a shower in , the water was not going down the drain in the shower. She notified the supervision at 7:00 AM. She stated they called plumbing already and the supervisor told her they are on the way so she left at 8 AM.

15) In a phone interview with Resident #5 on 04-2 approximately 8:14 AM, she stated it was like a lake. Everything was wet in the facility. They came about 9:00 or 10:00 in the morning to repair it.

16) In email correspondence with the supervisor of operations from the plumbing company on 04-3 wrote the facility called us at approximately 8:45 am on the 22nd of April. technician arrived at the facility at approximately 9:45 am on the 22nd of April. he arrived the office personal told him that the whole facility was backed up. He was directed to an outside clean out (access point). He opened the clean out cap and and proceeded to utilize a sewer cabling machine to clear the stoppage and got the sewer line flowing. He video inspected the line and found that it was PVC then transitioned into cast down by the asphalt. The technician recommended to replace the section of cast piping with PVC the project would take a day to complete.

17) In a phone interview with the Administratoron approximately 10:02 AM , she acknowledged the findings and stated resident #3 gets into bed with his shoes on. She stated they removed the residents from room stated she called a bunch of places to get estimates.

Class III

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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 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. . 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed	A 162		

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
	AL11943023	A. BUILDING: _____ B. WING _____	

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A 162	Continued From page 14	A 162		

consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for

Agency for Health Care Administration

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	AL11943023	A. BUILDING _____ B. WING _____	

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A 162	Continued From page 15	A 162		

independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the assisted living facility failed to maintain an interdisciplinary care plan for 1 out of 6 (Resident

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A 162	Continued From page 16 #6) sampled residents who received hospice services. The findings include: 1) Record review of Resident #6's file revealed she was admitted to the facility on [redacted]. Record review revealed the file lacked hospice documentation including an interdisciplinary plan. Record review revealed Resident #6 expired on [redacted]. 2) In an interview with the Administrator on [redacted] at approximately 11:31 AM, she stated that she does not see any hospice records for resident #6. She stated she did not see an interdisciplinary plan, she just sees the doctor ' s orders. She stated they go by the doctor ' s notes and the health assessments. 3) Record review of documents later found the administrator revealed Resident #6 was admitted to hospice on [redacted]. Further record review revealed the resident was receiving [redacted] care services. Record review still lacked an interdisciplinary plan for Resident #6. 4) In a phone interview with the Administrator on [redacted] at approximately 10:02 AM, she acknowledged the findings and stated she did not know what an interdisciplinary care plan was. Class III	A 162		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Lighthouse Inn North
3208 N.E. 11 Street
Pompano Beach, FL 33062

RE: CCR #2013004325

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on . 2013 by a 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) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924