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
	AL11964447	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERMAN OAKS RETIREMENT CENTE	727 HUDSON AVENUE SARASOTA, FL 34236

(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 unannounced follow-up to the Biennial survey was conducted on [redacted] at Alderman Oaks an Assisted Living Facility (ALF) in Sarasota, FL. The following is a description of non-compliance:	{A 000}		
{A 052}	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted] trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record.	{A 052}		

Agency for Health Care Administration

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{A 052}	Continued From page 1	{A 052}		

(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.

Agency for Health Care Administration

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{A 052}	Continued From page 2	{A 052}		

(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to properly monitor 1 (Resident # 19) of 3 resident surveyed receiving assistance with self-administration of medication, allowing her to take the wrong dose of medication, and failing to report abnormally high sugars to the resident's medical doctor. The facility failed to read the medication label in the presence of 1 (Resident #20) of 3 residents surveyed being assisted with medications by staff.

The findings include:

1. Resident #19 is white female who was admitted to the facility with a diagnosis of and

Agency for Health Care Administration

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{A 052}	Continued From page 3	{A 052}		

The resident currently is dependent and takes the following doses of Breakfast-Lantus 90 units (SQ) every morning.

Flexpen sliding scale as follows:
At breakfast- for glucose levels of 101-150=12 units 151-200=14 units, 210-250=16 units, 251-300=18 units, 301-350=20 units, 351-400=22 units, over 400=24 units

At lunch
Novolog flex pen sliding scale if glucose between-101-150=12 units, 151-200=14 units, 210-250=16 units, 251-300=18 units, 301-350=20 units, 351-400=22 units, over 400=24 units

at Dinner
flex pen sliding scale if glucose between-101-150=15 units, 151-200=17 units, 210-250=19 units, 251-300=21 units, 301-350=22 units, 351-400=25 units, over 400=27 units

Snack Eve Lantus 85 units SQ

In an interview with Staff A, (Resident Assistant) at 9:30 a.m. on , she stated Resident #19 self-administers her and does her own .

Review of the Resident #19's 1823 section 2-B dated shows Resident #19 receives assistance with self-administration of medications.

Review of the resident physician's orders showed no order from a physician for Resident #19 to self-administer Further review of the

Agency for Health Care Administration

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{A 052}	Continued From page 4	{A 052}		

resident's medical record showed staff was monitoring the resident's blood levels.

Review of the resident's MOR showed "Lantus use 90 units in the morning and 75 units in the evening." Beside the medication listing the word "Self" is documented four times. There is no documentation on the MOR staff are assisting the resident to ensure proper dosage is administered. There is no accucheck noted on the MOR with staff signing off they are monitoring the resident's accuchecks times daily. There is documentation in the medical record this has been occurring since March 2013.

Review of staff log of insulin and accuchecks on 3/1(resident was allow to administer 85 units of lantus and 20 units of novolog. is no physician's order for the resident to receive insulin in the PM. On staff document,"326 22 units Lantus." There is no to tell from the record if the resident received 22 units of Lantus or was covered with 22 units of Novolog. of these actions would be a medication error.

An interview was conducted with Resident #19 at 10:30 a.m. on 6/11 interview was conducted in the presence of the Administrator and the pharmacist. The resident was asked about her insulin She was unable to recall her dosage without looking at the written doctor's orders. During the interview the resident was not able to recall if she received insulin in the PM or not even after looking at the physician's order. The resident was asked about the date of had recorded her blood as 326. Under the 326 they had written "22 unit Lantus." The resident stated, "I get covered with 22 units of Novolog."

Agency for Health Care Administration

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{A 052}	Continued From page 5	{A 052}		

stated, "They gave me 22 units of with my Lantus." The resident was then informed she does not receive coverage in the PM. The resident then produced her record showing she had received 85 units of . The resident's record had 22 units crossed out. The resident was not able to remember if she had received coverage on or not. She stated, "Because of my age I don't remember things like I should."

Review of the resident's recorded by staff showed the resident had abnormally high sugars in the PM. Review of the medical record showed the resident's Lantus had been increased in the PM on . Review of the recorded by staff after the increase showed the resident continued to have sugars. During the dates through the resident's sugar was greater than 320 every evening. During the week of through the resident's sugar in the evening was greater than 300 three nights. During the week of through the resident's sugars are recorded in the PM as: , and 6/1-357. The record shows the resident having abnormally high sugars in the PM from through . There is no documentation in the medical record the resident's physician was informed of this issue.

In an interview with the Administrator at 10:35 a.m. on , he confirmed the resident had short term memory loss. He also confirmed the resident would need supervision and being reminded by staff as to when to do her acchecks and take her . She would also need to be monitored to ensure she takes the proper dosage

Agency for Health Care Administration

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{A 052}	Continued From page 6	{A 052}		

of ..... The Administrator was shown the abnormally high ....lin's recorded by staff in the PM. He was not able to say why the medical doctor was not made of aware of these findings.

An interview was conducted with Staff A at 10:45 a.m. on , she confirmed she monitors the resident's .... sugar daily and records it on a log. She confirmed the resident has short term memory loss and needed to be reminded of when to take her .... and what dosage of ..... she receives. She stated the resident is able to do her own .... and administer her own ..... once she is reminded by staff. Staff A confirmed staff is monitoring .... administration and ..... daily to ensure the resident receives the correct dosage of ..... She confirmed there was no physician's order for the resident to self-administer ..... She was not able to say why staff is not documenting ..... and ..... dosages on the MOR.

An interview was conducted with the pharmacist at 11:00 a.m. on ..... He stated the resident does need supervision with her .... administration. He confirmed staff had been providing supervision with .... administration. He stated, "We need to get the doctor to write for ..... supervision for her." He stated, "We've been working on the mechanics to ensure residents are able to administer .... to themselves and we missed this." He stated the medical doctor caring for the resident had been slowly increasing her .... He was not able to say why staff had not informed the medical doctor of the resident's abnormally high PM .... levels.

An interview was conducted with the RN in the

Agency for Health Care Administration

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{A 052}	Continued From page 7	{A 052}		

resident's physician's office at 11:05 a.m. on . . . . . The RN stated she supervised all . . . . . care through the medical doctor's office. She confirmed the medical doctor would have liked to have been made aware of the abnormal . . . . . sugar levels within 1 to 2 weeks after the dosage change on . . . . . She stated the medical doctor had not been made aware the resident was unable to independently monitor and administer her own . . . . . She stated they were going to work with the facility to ensure the resident's . . . . . sugars were more controlled from now on.

An interview was conducted with Resident #19 at 11:40 a.m. on . . . . . She confirmed her . . . . . sugars were abnormally high in the PM for over one month. She stated, "My sugars have been high at night." She was asked who would be responsible to let the medical doctor know her . . . . . sugars were high? She stated, "I would not call him. They keep track of all that stuff here. The nurse's in the office here keep the doctor informed."

2. At 11:30 a.m. on , Staff B was observed obtaining the resident's . . . . . Inhaler and the MOR (Medication Observation Record) at the medication cart and taking them into the resident's . . . . . She was observed to tell the resident it was time for her inhaler. She then was observed to set the MOR down on the resident's table without reading the order to her. She was observed assisting the resident to inhale two puffs through an areochamber as ordered.

In an interview with Staff A at 11:32 on she confirmed she had failed to read the label or MOR to the resident before assisting her with her medication.

Agency for Health Care Administration

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{A 052}	Continued From page 8	{A 052}		
	Class III			
{A 054}	58A-5.0185(5) FAC Medication - Records	{A 054}		

(5) MEDICATION RECORDS.
(a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known . the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical . the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to keep accurate MORs (Medication Observation Records) on 3 (Residents #1, #18,

Agency for Health Care Administration

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{A 054}	Continued From page 9	{A 054}		

and #19) of 3 residents surveyed.

The findings include:

1. Resident #1 is a white male who was admitted to the facility with and

Review of the resident's form 1823 dated shows the resident needs assistance with administration of his medications.

Review of the resident's medical record shows the resident is to receive once weekly for four weeks.

Review of the resident's MOR shows no documentation from staff the resident is receiving as ordered by his doctor. Review of the medical record show staff is keeping an unsigned log of the resident's

An interview was conducted with Staff A at 12:30 a.m., on She confirmed staff was not documenting the medical doctor's order to obtain sugars on the MOR. She confirmed staff were not signing off the were being obtained.

2. Resident #18 is an female admitted to the facility with a history of

Review of the 1823 dated shows the resident needs assistance with self-administration of medications. Review of the physician's orders show the resident receives twice daily. Review of the resident's medical record shows staff keeping an unsigned log of being obtained.

Agency for Health Care Administration

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{A 054}	Continued From page 10	{A 054}		

Review of the MOR shows no documentation staff is assisting the resident with obtaining There is no staff signing off compliance with this critical physician's order being done.

An interview was conducted with Staff A at 12:30 a.m. on She confirmed staff was not documenting the medical doctor's order to obtain sugars on the MOR. She confirmed staff were not signing off the were being obtained.

3. Resident #19 is white female who was admitted to the facility with a history of

Review of the 1823 date shows the resident receives assistance with self-administration of medication. Review of the medical record shows the resident receives 4 times daily. The medical record shows staff is keeping a daily log of the resident's sugars, but not on the MOR.

Review of the MOR shows no documentation the resident receives Staff is not initialing the MOR four times daily that are being done.

An interview was conducted with Staff A at 12:30 a.m. on She confirmed staff was not documenting the medical doctor's order to obtain sugars on the MOR. She confirmed staff were not signing off the were being obtained.

Class III

Agency for Health Care Administration

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{A 056}	Continued From page 11	{A 056}		
{A 056}	58A-5.0185(7) FAC Medication - Labeling and Orders	{A 056}		

(7) MEDICATION LABELING AND ORDERS.
(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied

Agency for Health Care Administration

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{A 056}	Continued From page 12	{A 056}		

by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.

(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.

(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.

(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:

1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.

(h) Pursuant to Section 465.0276(2)(c), F.S.,

Agency for Health Care Administration

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{A 056}	Continued From page 13	{A 056}		

before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Surveyor: Taylor, Larry
Based on observation, interview, and record review, the facility failed to label a medication accurately and update MOR (Medication Observation Record) after a change in the physician's order for 1 (Resident #19) of 5 residents surveyed resulting in a potential for medication errors.

The findings include:

1. Resident #19 is white female who was admitted to the facility with a diagnosis of and
The resident currently is dependent.

Review of the Form1823 dated shows the resident receives assistance with self-administration of medications.

Review of the resident's physician's orders show on the resident's order was changed to:

Breakfast- Lantus 90 units (SQ) every morning.

Flexpen sliding scale as follows:
at breakfast-
For glucose levels of 101-150=12 units
151-200=14 units, 210-250=16 units, 251-300=18 units, 301-350=20 units, 351-400=22 units, over 400=24 units.

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
	AL11964447	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERMAN OAKS RETIREMENT CENTE	727 HUDSON AVENUE SARASOTA, FL 34236

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{A 056}	Continued From page 14	{A 056}		

At lunch
flex pen sliding scale if glucose between-101-150=12 units, 151-200=14 units, 210-250=16 units, 251-300=18 units, 301-350=20 units, 351-400=22 units, over 400=24 units.

At Dinner
flex pen sliding scale if glucose between-101-150=15 units, 151-200=17 units, 210-250=19 units, 251-300=21 units, 301-350=22 units, 351-400=25 units, over 400=27 units.

Snack Eve Lantus 85 units SQ.

Review of the MOR shows Lantus 90 units in the morning and 75 units in the evening for sugar.

The MOR shows one coverage which reads: flex pen SC before meals Per sliding scale if glucose between-101-150=12 units, 151-200=14 units, 210-250=16 units, 251-300=18 units, 301-350=20 units, 351-400=22 units, over 400=24 units.

There are no further doses listed on the MOR. The MOR reads the resident self-administers (receives no assistance).

Review of the label on the Lantus reads: Lantus 90 units in the morning and 75 units in the evening for sugar.

Review of the label on the reads: flex pen SC before meals Per sliding scale if glucose between-101-150=12 units, 151-200=14 units, 210-250=16 units, 251-300=18 units, 301-350=20 units, 351-400=22 units, over 400=24 units.

Agency for Health Care Administration

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{A 056}	Continued From page 15	{A 056}		

An interview was conducted with the pharmacist at 11:10 a.m. on . He confirmed the medication labels and MOR were not reflecting the current physician's order.

An interview was conducted with Staff A at 12:30 a.m. on . She confirmed the resident was receiving assistance from staff in monitoring and ensuring the resident takes her medication in the proper dosage at the proper time. She confirmed the MOR and the labels of the medications were incorrect. She stated the order had changed on , and staff was using the physician's orders to assist the resident with management. She confirmed staff were not signing off they were monitoring the resident's management nor did they document on the MOR and .

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964447	A. Building B. Wing	6/11/2013

Name of Facility	Street Address, City, State, Zip Code
ALDERMAN OAKS RETIREMENT CENTE	727 HUDSON AVENUE SARASOTA, FL 34236

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed	ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 06/11/2013
ID Prefix A0077 Reg. # 58A-5.019(1) FAC LSC	Correction Completed	ID Prefix A0165 Reg. # 429.23 FS; 58A-5.0241 FAC LSC	Correction Completed	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed
ID Prefix AZ827 Reg. # 408.812, FS LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By HFES	Date: 6-18-13	Signature of Surveyor: LARRY TAY, RNS	Date: 6-19-13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Alderman Oaks Retirement Center
727 Hudson Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosures: State Form and Revisit Report

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

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2295 Victoria Avenue, Room 340
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