STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965201	07/11/2013
NAME OF PROVIDER OR SUPPLIER **Assisted Living Of Pembroke Pines**	STREET ADDRESS, CITY, STATE, ZIP CODE **1985 Nw 179th Ave Pembroke Pines, FL 33029**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

0000-Initial Comments
An assisted living facility biennial standard licensure survey was conducted on 7/11/13.
Assisted Living of Pembroke Pines, had no licensure deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 24, 2013

Administrator
Assisted Living Of Pembroke Pines
1985 Nw 179th Ave
Pembroke Pines, FL 33029

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 11, 2013 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

1GGN

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