STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	**07/02/2013**
NAME OF PROVIDER OR SUPPLIER **Merriment Manor Retirement Home**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 Wilson Street Hollywood, FL 33020**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
CCR #2013003530

An Assisted Living Facility complaint Licensure survey was conducted on 07/02/2013. Merriment Manor Retirement Home had no licensure deficiencies found at the time of the visit related to the allegations.

Note: A revisit to CCR #2012012279 was conducted in conjunction with the complaint survey. Refer to the separate report.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 24, 2013

Administrator
Merriment Manor Retirement Home
1835 Wilson Street
Hollywood, FL 33020

RE: CCR #2013003530

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 2, 2013 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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