STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**07/08/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nova Palms Alf	**1600 Taft Street Hollywood, FL 33020**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-07/08/2013
0025-Resident Care - Supervision-07/08/2013
0123-Fiscal - Resident Trust Funds & Adv Payments-07/08/2013
0152-Physical Plant - Safe Living Environ/other-07/08/2013

An Assisted Living Facility Complaint Revisit Survey was conducted on 07/08/2013 in conjunction with the Biennial Relicensure Survey. Nova Palms ALF had no deficiencies found pertaining to the complaint revisit survey. Deficiencies were issued in conjunction with the Re-Licensure Survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 29, 2013

Administrator
Nova Palms ALF
1600 Taft Street
Hollywood, FL 33020

RE: CCR #2013002386

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on July 8, 2013 by a representative from this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 5000-3547
DT9D

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Tallahassee, FL 32308
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Delray Beach, FL 33484
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