

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968444	(X3) DATE SURVEY COMPLETED 09/23/2013
NAME OF PROVIDER OR SUPPLIER Touched By Angels Assisted Of Care	STREET ADDRESS, CITY, STATE, ZIP CODE 2780 Nw 13th Court Fort Lauderdale, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An Initial Assisted Living Facility licensure survey with Limited Mental Health for a capacity of 6 beds was conducted on 9/23/13. Touched by Angels Assisted Care, had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 27, 2013

Administrator
Touched By Angels Assisted Of Care
2780 Nw 13th Court
Fort Lauderdale, FL 33311

Dear Administrator:

This letter reports findings of a Limited Mental Health state licensure survey that was conducted on September 23, 2013 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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