

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/10/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911048	(X3) DATE SURVEY COMPLETED 08/01/2013
NAME OF PROVIDER OR SUPPLIER Seaside Healthcare	STREET ADDRESS, CITY, STATE, ZIP CODE 2091 South Ocean Drive Hallandale, FL 33009	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-08/01/2013
0080-Training - Core & Competency Test-08/01/2013
0161-Records - Staff-08/01/2013
0167-Resident Contracts-08/01/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 08, 2013

Administrator
Seaside Healthcare
2091 South Ocean Drive
Hallandale, FL 33009

CCR# 2013004596

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 1, 2013 by representatives 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 representatives. 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 500-3547

DT9D

