

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/07/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968531	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER Briarwood Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 3213 Nw 123rd Avenue Coral Springs, FL 33065	
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 5 was conducted on 10/2/13. Briarwood ALF, had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 11, 2013

Administrator
Briarwood Alf
3213 NW 123rd Avenue
Coral Springs, FL 33065

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 2, 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. **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,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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