

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/16/2013  
FORM APPROVED

|                                                                                                        |                                                                                                        |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966907</b>                              | (X3) DATE SURVEY COMPLETED<br><br><b>10/11/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Genesis Assisted Living Facility,<br/>Inc</b>                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1510 Sw 68th Avenue<br/>North Lauderdale, FL 33068</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                        |                                                     |

**Revisit Corrected Tags:**

0010-Admissions - Continued Residency-10/11/2013  
0030-Resident Care - Rights & Facility Procedures-10/11/2013  
0052-Medication - Assistance With Self-Admin-10/11/2013



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 16, 2013

Administrator  
Genesis Assisted Living Facility, Inc  
1510 SW 68th Avenue  
North Lauderdale, FL 33068

Re: Revisit to Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 11, 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.

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/jw  
Enclosure

DT9D

