STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	**10/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hope Garden Assisted Living & Ecc, Inc	**2011 Nw 59th Way Lauderhill, FL 33319**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-10/08/2013
E204-Ecc - Admissions & Continued Residency-10/08/2013
E206-Ecc - Service Plans-10/08/2013

An Assisted Living Facility follow up survey was conducted on 10/8/13. Hope Garden Assisted Living & ECC INC, had no licensure deficiencies found at the time of the visit.

Note: An Assisted Living Facility ECC biennial licensure survey was conducted in conjunction with the follow up survey. Please refer to the separate report.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

Administrator
Hope Garden Assisted Living & ECC, Inc
2011 NW 59th Way
Lauderhill, FL 33319

RE: CCR# 2011010975

Dear Administrator:

This letter reports the findings of a complaint licensure survey revisit conducted on October 9, 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,

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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