STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	**11/01/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oceanview Retirement Home	**3091 Nw 43rd Street Lauderdale Lakes, FL 33309**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-11/01/2013
0078-Staffing Standards - Staff-11/01/2013
0081-Training - Staff In-Service-11/01/2013
0093-Food Service - Dietary Standards-11/01/2013
0123-Fiscal - Resident Trust Funds & Adv Payments-11/01/2013
0126-Fiscal - Resident Accounting-11/01/2013
0152-Physical Plant - Safe Living Environ/other-11/01/2013
L241-Lmh - Records-11/01/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 22, 2013

Administrator
Oceanview Retirement Home
3091 NW 43rd Street
Lauderdale Lakes, FL 33309

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 1, 2013 by a representative of 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,

L. Wedge - Absent, Supervises

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

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