

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965602	(X3) DATE SURVEY COMPLETED 11/20/2013
NAME OF PROVIDER OR SUPPLIER Open Arms Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 4652 Belvedere Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-11/20/2013
0052-Medication - Assistance With Self-Admin-11/20/2013
0054-Medication - Records-11/20/2013
0056-Medication - Labeling And Orders-11/20/2013

0000-Initial Comments

Open Arms, Assisted Living Facility, had no licensure deficiencies found at the time of the visit on 11/20/13.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 22, 2013

Administrator
Open Arms ALF
4652 Belvedere Road
West Palm Beach, FL 33415

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 20, 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,

[Handwritten signature: J. Wadley - Phoenix, Supervisor]
for Arlene Maye Davis
Field Office Manager

AMD/dso

Enclosure: State form 5000-3547

DT9/D

