

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911212	(X3) DATE SURVEY COMPLETED 11/21/2013
NAME OF PROVIDER OR SUPPLIER Kelly's Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 1441 - 1451 NW 20th Street Fort Lauderdale, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0032-Resident Care - Elopement Standards-11/21/2013

0160-Records - Facility-11/21/2013

Specific Tag Findings:

0000-Initial Comments

Kelly's Assisted Living Facility had no licensure deficiencies found at the time of the visit on 11/21/13.

This survey was conducted in conjunction with complaint inspection (CCR #2012010466) revisit survey on the same date. Please reference separate report for the findings.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 04, 2013

Administrator
Kelly's Assisted Living Facility
1441 - 1451 NW 20th Street
Fort Lauderdale, FL 33311

RE: CCR #2013006237

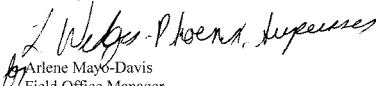
Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on November 21, 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.

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
Enclosure

