

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953535	(X3) DATE SURVEY COMPLETED 11/27/2013
NAME OF PROVIDER OR SUPPLIER Good Hope Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 NW 29th Court Oakland Park, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-11/27/2013
0152-Physical Plant - Safe Living Environ/other-11/27/2013
Z815-Background Screening: Prohibited Offenses-11/27/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2013

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

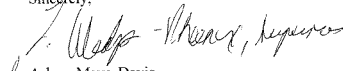
Dear Administrator:

This letter reports the findings of a Desk Review survey revisit conducted on November 27, 2013 by 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 based on documentation submitted to this office for review.

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,


for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

