STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953662	11/04/2013
NAME OF PROVIDER OR SUPPLIER **Fairway Park Retirement Facility Corp**	STREET ADDRESS, CITY, STATE, ZIP CODE **16324 S W 99th Court Miami, FL 33157**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Revisit Repeat Tags:
Z806-Change Of Address-59a-35.040, Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up to a Complaint Survey (CCR#2013007253) was conducted in your Assisted Living Facility on 11/04/2013. Fairway Park Retirement Facility Corp had the following uncorrected deficiency:

Z806-Change of Address 59A-35.040, FAC

Based on observation, record review and interview facility still exceed its licensed capacity without prior approval form the AGENCY.

Findings include:

Observation on : at about 1:30 p.m. documented a total of seven residents in the facility.
Resident #2 occupied # . Residents #4 and #7 occupied # . Resident #3 occupied #.
Resident #1 occupied # . Residents #5 and #6 occupied #.

License posted indicated the facility had a licensed capacity of 6 residents.

On : at about 1:30 p.m. p.m. Caretaker present in facility stated that resident #7 was no a facility resident. Stated was left by a family member in facility for a couple of months due to the family member had to travel out of the Country. Stated resident #7 was sleeping in facility also stated assisted resident #7 with medication administration.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2013

Administrator
Fairway Park Retirement Facility Corp
16324 S W 99th Court
Miami, FL 33157

CCR#2013007253 f/u

Dear Administrator:

This letter reports the findings of a revisit survey to a complaint conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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