STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911048	**11/26/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Seaside Healthcare	**2091 South Ocean Drive Hallandale, FL 33009**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0000 - - Initial Comments

CCR #2013007423
CCR #2013009184
CCR #2013006964
CCR #2013009170

An unannounced Assisted Living Facility complaints were conducted on 11/26/13. Seaside Healthcare had no licensure deficiencies found at the time of the visit.

Note: The complaint inspections were conducted in conjunction with the revisit to the biennial licensure survey, revisit to complaint inspection CCR #2013004428, the second revisit to CCR #2013003229 and the second revisit to CCR #2013004228. Please refer to the separate reports.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2013

Administrator
Seaside Healthcare
2091 South Ocean Drive
Hallandale, FL 33009

Re: CCR #2013007423
CCR #2013009184
CCR #2013006964
CCR #2013009170

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on November 26, 2013 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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/dso
Enclosure: State Form 5000-3547

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