

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/11/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968026	(X3) DATE SURVEY COMPLETED 11/05/2013
NAME OF PROVIDER OR SUPPLIER Lesly Leisure Living III	STREET ADDRESS, CITY, STATE, ZIP CODE 8080 NW 51st Street Lauderhill, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-12/05/2013
 0054-Medication - Records-12/05/2013
 0056-Medication - Labeling And Orders-12/05/2013
 0078-Staffing Standards - Staff-12/05/2013
 0079-Staffing Standards - Levels-12/05/2013
 0081-Training - Staff In-Service-12/05/2013
 0084-Training - Assis Self-Admin Meds & Med Mgmt-12/05/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2013

Administrator
Lesly Leisure Living III
8080 NW 51st Street
Lauderhill, FL 33351

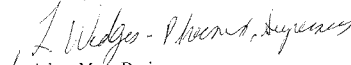
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 5, 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 . Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

