STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968563	**10/29/2013**
NAME OF PROVIDER OR SUPPLIER **Morning Breeze Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **5940 Nw 19th Court Lauderhill, FL 33313**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments
An announced Initial Assisted Living Facility Licensure survey for a capacity of 14 residents was conducted on 10/29/2013 at Morning Breeze Assisted Living Facility. The facility had no deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2013

Administrator
Morning Breeze Assisted Living Facility
5940 Nw 19th Court
Lauderhill, FL 33313

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 29, 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/dmb

IGGN

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