

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/31/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965534	(X3) DATE SURVEY COMPLETED 12/09/2013
NAME OF PROVIDER OR SUPPLIER Imperial Club	STREET ADDRESS, CITY, STATE, ZIP CODE 2751 Ne 183 Street Aventura, FL 33160	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-12/09/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up Complaint Survey (CCR#2013007401) was performed at Imperial Club on 12-09-13. Imperial Club previous deficiencies were corrected at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 4, 2014

Administrator
Imperial Club
2751 Ne 183 Street
Aventura, FL 33160

CCR#2013007401 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on December 9, 2013 by representative(s) 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

