

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966229	(X3) DATE SURVEY COMPLETED 02/03/2014
NAME OF PROVIDER OR SUPPLIER Ejl Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 Sw 47th Avenue Fort Lauderdale, FL 33317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial licensure survey was conducted on 2/3/14. Ejl Assisted Living Facility, had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2014

Administrator
Ejl Assisted Living Facility
1701 SW 47th Avenue
Fort Lauderdale, FL 33317

Re: Biennial Survey

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on February 3, 2014 by a representative from 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/jw
Enclosure

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