

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/26/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910716	(X3) DATE SURVEY COMPLETED 02/21/2014
NAME OF PROVIDER OR SUPPLIER North Lake Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 North 16th Avenue Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-02/21/2014
 0025-Resident Care - Supervision-02/21/2014
 0052-Medication - Assistance With Self-Admin-02/21/2014
 0054-Medication - Records-02/21/2014
 0081-Training - Staff In-Service-02/21/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-02/21/2014
 0165-Risk Mgmt & Qa; Adverse Incident Report-02/21/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 03, 2014

Administrator
North Lake Retirement Home
1222 North 16th Avenue
Hollywood, FL 33020

RE: CCR #2013006089 Complaint Survey Revisit

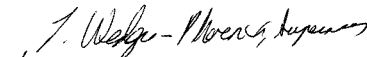
Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on February 21, 2014 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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
Enclosure

