

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966561	(X3) DATE SURVEY COMPLETED 02/14/2014
NAME OF PROVIDER OR SUPPLIER Caring Place (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 2953 Nw 10th Court Fort Lauderdale, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-02/20/2014

0079-Staffing Standards - Levels-02/20/2014

0152-Physical Plant - Safe Living Environ/other-02/20/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 03, 2014

Administrator
Caring Place (The)
2953 NW 10th Court
Fort Lauderdale, FL 33311

Re: Relicensure Revisit Survey

Dear Administrator:

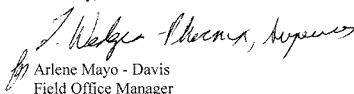
This letter reports the findings of a State Licensure Survey Revisit conducted on February 14, 2014 by a representative from this office.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

