

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965781	(X3) DATE SURVEY COMPLETED 02/17/2014
NAME OF PROVIDER OR SUPPLIER Azalea Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 Mayo Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-02/19/2014
 0052-Medication - Assistance With Self-Admin-02/19/2014
 0078-Staffing Standards - Staff-02/19/2014
 0092-Food Service - General Responsibilities-02/19/2014
 0152-Physical Plant - Safe Living Environ/other-02/19/2014

Revisit Repeat Tags:

0000-Initial Comments-

Revisit New Tags:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 3, 2014

Administrator
Azalea Gardens
1701 Mayo Street
Hollywood, FL 33020

Re: Revisit to Standard Biennial Relicensure Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey Revisit conducted on February 17, 2014 by a representative from this office.

Attached is the provider's copy of the Revisit Report, 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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