

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967814	(X3) DATE SURVEY COMPLETED 03/13/2014
NAME OF PROVIDER OR SUPPLIER Wellington Elder Care 1	STREET ADDRESS, CITY, STATE, ZIP CODE 14097/14099 Lily Court Wellington, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced biennial relicensure survey was conducted on 3/13/14 at Wellington Elder Care I. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 17, 2014

Administrator
Wellington Elder Care 1
14097/14099 Lily Court
Wellington, FL 33414

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 13, 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/dso
Enclosure: State form 5000-3547

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