

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/07/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968060	(X3) DATE SURVEY COMPLETED 04/02/2014
NAME OF PROVIDER OR SUPPLIER Nova Palms ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Taft Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Z815-Background Screening; Prohibited Offenses-04/02/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 8, 2014

Administrator
Nova Palms ALF
1600 Taft Street
Hollywood, FL 33020

RE: CCR #2013012008 Survey Revisit

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on April 2, 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.

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

