

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 04/09/2014  
FORM APPROVED

|                                                                                                        |                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968185</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>02/10/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Havencrest ALF Of Palm Beach</b>                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2880 NW 25th Way<br/>Boca Raton, FL 33434</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                           |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Relicensure survey was conducted on 02/10/2014 at Havencrest ALF of Palm Beach. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 9, 2014

Administrator  
Havencrest ALF Of Palm Beach  
2880 NW 25th Way  
Boca Raton, FL 33434

RE: Relicensure Survey

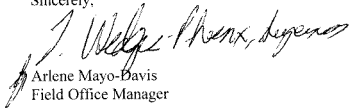
Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on February 10, 2014 by a representative of 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  
Enclosure

