

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942705	(X3) DATE SURVEY COMPLETED 04/08/2014
NAME OF PROVIDER OR SUPPLIER Brighton Gardens Of Boca Raton	STREET ADDRESS, CITY, STATE, ZIP CODE 6347 Via De Sonrisa Del Sur Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-04/08/2014

0081-Training - Staff In-Service-04/08/2014

N278-Lns - Records-04/08/2014

Z815-Background Screening; Prohibited Offenses-04/08/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
Brighton Gardens Of Boca Raton
6347 Via De Sonrisa Del Sur
Boca Raton, FL 33433

Re: Revisit to Relicensure and a Limited Nursing
Service Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey Revisit conducted on April 8, 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

