STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967012	04/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amazing Care Inc #2	6270 Atlanta Street Hollywood, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-04/10/2014
0010-Admissions - Continued Residency-04/10/2014
0025-Resident Care - Supervision-04/10/2014
0026-Resident Care - Social & Leisure Activities-04/10/2014
0030-Resident Care - Rights & Facility Procedures-04/10/2014
0052-Medication - Assistance With Self-Admin-04/10/2014
0054-Medication - Records-04/10/2014
0055-Medication - Storage And Disposal-04/10/2014
0078-Staffing Standards - Staff-04/10/2014
0079-Staffing Standards - Levels-04/10/2014
0080-Training - Core & Competency Test-04/10/2014
0085-Training - Nutrition & Food Service-04/10/2014
0093-Food Service - Dietary Standards-04/10/2014
0120-Fiscal - Financial Stability-04/10/2014
0152-Physical Plant - Safe Living Environ/other-04/10/2014
0161-Records - Staff-04/10/2014
0162-Records - Resident-04/10/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
Amazing Care Inc #2
6270 Atlanta Street
Hollywood, FL 33024

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924