| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965413** | **04/14/2014** |
| NAME OF PROVIDER OR SUPPLIER<br>**Homewood Residence At Coconut Creek** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4175 West Sample Road Coconut Creek, FL 33073** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**

0165-Risk Mgmt & Qa; Adverse Incident Report-04/14/2014

**0000-Initial Comments**
A desk review to the complaint survey was conducted on 4/14/14. Homewood Residence at Coconut creek had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 17, 2014

Administrator
Homewood Residence At Coconut Creek
4175 West Sample Road
Coconut Creek, FL 33073

**RE: CCR #2013012767**

Dear Administrator:

This letter reports the findings of a complaint survey revisit desk review conducted on April 14, 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 based on documentation submitted to this office for review.

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

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