

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968609	(X3) DATE SURVEY COMPLETED 04/28/2014
NAME OF PROVIDER OR SUPPLIER Ashley Manors	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 Nw 10th Street Delray Beach, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-04/28/2014
0083-Training - First Aid And Cpr-04/28/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-04/28/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2014

Administrator
Ashley Manors
3815 NW 10th Street
Delray Beach, FL 33445

Dear Administrator:

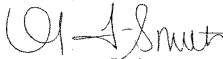
This letter reports the findings of a state licensure survey Desk Review conducted on April 28, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D

