

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967447	(X3) DATE SURVEY COMPLETED 05/14/2014
NAME OF PROVIDER OR SUPPLIER Vizcaya By The Sea	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 North Ocean Blvd Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A Financial Monitoring Visit was conducted on 5/14/14. Vizcaya by the Sea had no deficiencies found at time of the visit related to this survey visit.

The visit was held in conjunction with an unannounced follow-up to the complaint survey. Please refer to separate report for findings.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
Vizcaya By The Sea
1621 North Ocean Blvd
Pompano Beach, FL 33062

Dear Administrator:

This letter reports findings of a Financial Monitoring survey that was conducted on May 14, 2014 by a representative from 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/dso
Enclosure: State form 5000-3547
1GGN

