STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966205	**05/30/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Superior Care Inc.	**11412 Nw 1st Place Coral Springs, FL 33071**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-05/30/2014
0052-Medication - Assistance With Self-Admin-05/30/2014
0054-Medication - Records-05/30/2014
0081-Training - Staff In-Service-05/30/2014
0090-Training - Do Not Resuscitate Orders-05/30/2014

0000-Initial Comments
An unannounced follow-up survey to the licensure survey was conducted on 05/30/14 at Superior Care, Inc. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 12, 2014

Administrator
Superior Care Inc.
11412 NW 1st Place
Coral Springs, FL 33071

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 30, 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 on the day of the revisit. **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/sf
Enclosure: State form 5000-3547

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