STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966931	**06/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hampton Court ALF	**7801 NW 45th Court Lauderhill, FL 33351**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-06/13/2014

Specific Tag Findings:

0000-Initial Comments
A follow-up Monitoring desk review to the monitoring survey was conducted on 06/13/2014. Hampton Court ALF had no deficiencies found at the time of the desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 20, 2014

Administrator
Hampton Court ALF
7801 NW 45th Court
Lauderhill, FL 33351

RE: Monitoring Survey Desk Review Revisit

Dear Administrator:

This letter reports the findings of a monitoring survey desk review revisit conducted on June 13, 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.

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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