STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	06/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Safe Harbour Assisted Living Facility	1320 Sw 26th Street Fort Lauderdale, FL 33315	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-06/26/2014
0082-Training - Hiv/aids-06/26/2014
0090-Training - Do Not Resuscitate Orders-06/26/2014
0161-Records - Staff-06/26/2014
0182-Emergency Mgmt - Plan Implementation-06/26/2014
Z815-Background Screening; Prohibited Offenses-06/26/2014

0000-Initial Comments-

An unannounced follow-up to the relicensure survey was conducted on 06/26/14 at Safe Harbour Assisted Living Facility. The facility had no deficiencies found at the time of the revisit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 03, 2014

Administrator
Safe Harbour Assisted Living Facility
1320 SW 26th Street
Fort Lauderdale, FL 33315

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 26, 2014 by a representative from 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/dso
Enclosure: State form 5000-3547

DT9D

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