STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968335	06/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Aurora Classic Care Alf	220 Davis Road Delray Beach, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - Z817 - 408.810(3-4) Fs; 59a-35.100 Fac - Minimum Licensure Requirement - Inform Ahca
S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannouced Relicensure survey was attempted between . . and . . at Aurora Classic Care ALF. The facility had a deficiency found at the time of the visit.

Z817-Minimum Licensure Requirement - Inform AHCA 408.810(3-4) FS; 59A-35.100 FAC
Based on observation and record review, it was determined the facility failed to inform the Agency of facility closure.

The findings include:

An unannounced Relicensure survey was attempted at Aurora Classic Care ALF on . . . Upon arrival at the facility, there was no answer to repeated knocks on the front door, and no movement or sound could be detected through front door window. The front entryway ramp was observed in disrepair and the mailbox contained several pieces of mail. A business card containing phone number and request for a call back was left in the front door and in the mailbox. An attempt to reach the Administrator by telephone was made on . at 8:35 AM, on . at 12:49 AM and on . . at 2:08 PM. During each attempt to reach the Administrator, a voice message was left asking for a return call as soon as possible. There has been no call back received as of . from the Administrator and/or Owner of the facility.

Review of Agency records revealed no notification from the facility indicating closure.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Aurora Classic Care Alf
220 Davis Road
Delray Beach, FL 33445

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your 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/jw
Enclosure

XG90

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