

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/16/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER Am Grand Court Lakes, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 280 Sierra Drive North Miami Beach, FL 33179	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A bed increase survey along with Change of Ownership Survey two complaint (CCR 2014005578 & 2014005073), and an extended congregate care component expansion was conducted on June 9-11, 2014. AM Grand Court Lakes had the following deficiencies at time of survey and were cited under the Change of Ownership Survey (Event ID UIIX11)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 21, 2014

Administrator
Am Grand Court Lakes, Llc
280 Sierra Drive
North Miami Beach, FL 33179

Dear Administrator:

This letter reports findings of a Capacity Increase along with Change of Ownership and two complaint investigation surveys that was conducted on June 11, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were discernible deficiencies noted on the date of the survey and cited under the change of ownership 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

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