

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967447	(X3) DATE SURVEY COMPLETED 07/16/2014
NAME OF PROVIDER OR SUPPLIER Vizcaya By The Sea	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 North Ocean Blvd Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0123-Fiscal - Resident Trust Funds & Adv Payments-07/16/2014

0126-Fiscal - Resident Accounting-07/16/2014

0000-Initial Comments

An unannounced follow-up to the licensure complaint survey was conducted on 7/16/2014. Vizcaya by the Sea had no deficiencies found at the time of the visit.

This survey was conducted in conjunction with the licensure complaint survey, CCR# 2014006021, conducted on the same date. Please see separate report for findings.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 25, 2014

Administrator
Vizcaya By The Sea
1621 North Ocean Blvd
Pompano Beach, FL 33062

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 16, 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/dso
Enclosure: State form 5000-3547

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