STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968335	09/08/2014
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)		

0000-Initial Comments

An unannounced closure monitoring survey was conducted on 9/08/14 at Aurora Classic Care ALF. The doorbell was pushed three times, and there was a series of three separate knocks on the front door, all of which received no response. From what could be seen through the glass on the front door, the interior of the facility was dark, and no movement could be detected. The front lawn has not been recently mowed, and the front door ramp remains in disrepair. Although, two vehicles were parked in the driveway, the facility was found to be vacant of occupants at the time of the visit.

A brief interview was conducted on 9/08/14 at 8:45 AM with a passing neighbor. She stated, "No one lives in that house. Some of the other neighbors park their cars in the driveway. Sometimes the owner comes by, but she doesn't live here. Nobody lives there now."

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2014

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

Dear Administrator:

This letter reports findings of a State Licensure Monitoring Closure Survey that was conducted on September 8, 2014 by representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

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