

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967929	(X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER Veanda's Courts, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 5511 SW 20th Street West Park, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Closure Monitoring Survey was conducted on 09/23/2014 at 9:15 AM at the Veanda's Courts, Inc. Assisted Living Facility. The facility had no deficiencies found at the time of the visit. The facility is no longer in business.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 01, 2014

Administrator
Veanda's Courts, Inc
5511 Sw 20th Street
West Park, FL 33023

Dear Administrator:

This letter reports findings of a state licensure closure monitoring survey that was conducted on September 23, 2014 by a representative of 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/dmb

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