

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910705	(X3) DATE SURVEY COMPLETED 10/02/2014
NAME OF PROVIDER OR SUPPLIER Margate Manor, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 1189 West River Drive Margate, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated biennial licensure survey was conducted on 10/02/2014 at Margate Manor, Inc. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2014

Administrator
Margate Manor, Inc.
1189 West River Drive
Margate, FL 33063

RE: Licensure Survey

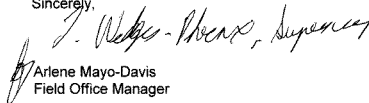
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 2, 2014 by a representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

