

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943069	(X3) DATE SURVEY COMPLETED 10/03/2014
NAME OF PROVIDER OR SUPPLIER Atlantic Shore Retirement Residence	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 North Riverside Drive Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-10/03/2014

Specific Tag Findings

0000-Initial Comments

An unannounced follow-up licensure survey was conducted on 10/03/14 at Atlantic Shore Retirement Residence. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2014

Administrator
Atlantic Shore Retirement Residence
1500 North Riverside Drive
Pompano Beach, FL 33062

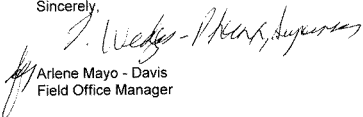
Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on October 3, 2014 by a representative from 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.

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

