STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	**10/01/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atria Meridian	**3061 Donnelly Drive Lantana, FL 33462**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to Complaint #2014006088 was conducted on 10/02/14. Atria Meridian had no deficiencies found at the time of the revisit.

Revisit New Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0083-Training - First Aid And Cpr-58a-5.0191(4) Fac
0090-Training - Do Not Resuscitate Orders-58a-5.0191(11) Fac
0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2014

Administrator
Atria Meridian
3061 Donnelly Drive
Lantana, FL 33462

Re: CCR #2014006088

Dear Administrator:

This letter reports the findings of a State Licensure Survey Revisit conducted on October 1, 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

DT9D

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