| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910711** | **10/07/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Midtown Manor** | **2001 Polk Street Hollywood, FL 33020** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0010-Admissions - Continued Residency-10/07/2014
0025-Resident Care - Supervision-10/07/2014
0026-Resident Care - Social & Leisure Activities-10/07/2014
0030-Resident Care - Rights & Facility Procedures-10/07/2014
0055-Medication - Storage And Disposal-10/07/2014
0078-Staffing Standards - Staff-10/07/2014
0079-Staffing Standards - Levels-10/07/2014
0081-Training - Staff In-Service-10/07/2014
0082-Training - Hiv/aids-10/07/2014
0090-Training - Do Not Resuscitate Orders-10/07/2014
0093-Food Service - Dietary Standards-10/07/2014
0161-Records - Staff-10/07/2014
0162-Records - Resident-10/07/2014
L241-Lmh - Records-10/07/2014
N278-Lns - Records-10/07/2014

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced follow-up to the Licensure survey was conducted on 10/07/2014 at Midtown Manor. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 17, 2014

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

RE: Licensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 7, 2014 by a representative of 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 10102014 at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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