

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912132	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Atrium At Boca Raton (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 1080 Northwest 15th Street Boca Raton, FL 33486	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0167-Resident Contracts-09/29/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to a complaint survey was conducted on 09/12/2014 and 09/29/2014. The Atrium at Boca Raton had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 17, 2014

Administrator
Atrium At Boca Raton (the)
1080 Northwest 15th Street
Boca Raton, FL 33486

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted on September 30, 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 this office at (561) 381-5840.

Sincerely,

Arlene Mayo Davis
Field Office Manager

AMD/dmb

