STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911048	**10/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Am Seaside Retirement Resort	**2091 South Ocean Drive Hallandale, FL 33009**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up survey was conducted at AM Seaside Retirement Resort on 10/22/14. The facility had no licensure deficiencies found at the time of the visit.

Revisit Corrected Tags:

0010-Admissions - Continued Residency-10/22/2014
0052-Medication - Assistance With Self-Admin-10/22/2014
0054-Medication - Records-10/22/2014
0081-Training - Staff In-Service-10/22/2014
0082-Training - Hiv/aids-10/22/2014
0083-Training - First Aid And Cpr-10/22/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/22/2014
0090-Training - Do Not Resuscitate Orders-10/22/2014
0093-Food Service - Dietary Standards-10/22/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 29, 2014

Administrator
Am Seaside Retirement Resort
2091 South Ocean Drive
Hallandale, FL 33009

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 22, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D

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