

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 10/07/2014
NAME OF PROVIDER OR SUPPLIER Am Grand Court Lakes, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 280 Sierra Drive North Miami Beach, FL 33179	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-10/08/2014
0152-Physical Plant - Safe Living Environ/other-10/07/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership and two complaints (CCR #2014005578 and CCR #2014005073) Revisit Survey was conducted on October 07, 2014. AM Grand Court Lakes had deficiencies at time of survey and were cited under the complaint survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2014

Administrator
Am Grand Court Lakes, Lic
280 Sierra Drive
North Miami Beach, FL 33179

CCR# 2014009988, 2014008602 & 2014009389

Dear Administrator:

This letter reports the findings of a change of ownership revisit survey and three complaint survey that was conducted on October 7-8, 2014 by representative(s) of this office.

All revisit deficiencies were found corrected, but new deficiencies were identified during the complaint surveys.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 12/02/2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100."

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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