STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	10/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to Relicensure survey was conducted on 10/24/14 at Alpha Care Residence. The facility was found to have no deficiencies at the time of the revisit.

Revisit Corrected Tags:

0026-Resident Care - Social & Leisure Activities-11/24/2014
0052-Medication - Assistance With Self-Admin-11/24/2014
0055-Medication - Storage And Disposal-11/24/2014
0056-Medication - Labeling And Orders-11/24/2014
0078-Staffing Standards - Staff-11/24/2014
0080-Training - Core & Competency Test-11/24/2014
0081-Training - Staff In-Service-11/24/2014
0083-Training - First Aid And Cpr-11/24/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-11/24/2014
0090-Training - Do Not Resuscitate Orders-11/24/2014
0093-Food Service - Dietary Standards-11/24/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 7, 2014

Administrator
Alpha Care Residence
1088 Grandview Circle
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on October 24, 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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