

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965260	(X3) DATE SURVEY COMPLETED 11/03/2014
NAME OF PROVIDER OR SUPPLIER Amore' At Kanner Highway Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 1634 S. Kanner Hwy. Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to the relicensure survey was conducted on 11/03/14 at Amore' At Kanner Highway LLC. The facility had no deficiencies found at the time of the visit.

A second follow-up survey to complaint (CCR #2014006244) was conducted in conjunction with this survey on the same date. Please refer to the separate report for the findings.

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-11/03/2014

0093-Food Service - Dietary Standards-11/03/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2014

Administrator
Amore' At Kanner Highway Llc
1634 S. Kanner Hwy.
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on November 3, 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida