

|                                                                                                        |                                                                                                         |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968761</b>                               | (X3) DATE SURVEY COMPLETED<br><br><b>12/11/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Moore Care ALF</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1397 West 35th Street<br/>West Palm Beach, FL 33404</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                         |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An Initial Licensure survey was conducted on 12/11/2014 at Moore Care ALF. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 16, 2014

Administrator  
Moore Care ALF  
1397 West 35th Street  
West Palm Beach, FL 33404

**RE: Initial Licensure Survey**

Dear Administrator:

This letter reports findings of an Initial Licensure survey that was conducted on December 11, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

