

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967934	(X3) DATE SURVEY COMPLETED 12/05/2014
NAME OF PROVIDER OR SUPPLIER Audrey's Tlc ll	STREET ADDRESS, CITY, STATE, ZIP CODE 6808 Merion Place North Lauderdale, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 12/5/2014. Audrey's TLC II had no deficiencies found at the time of the visit.

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-12/05/2014
 0078-Staffing Standards - Staff-12/05/2014
 0081-Training - Staff In-Service-12/05/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-12/05/2014
 0090-Training - Do Not Resuscitate Orders-12/05/2014
 0093-Food Service - Dietary Standards-12/05/2014
 L243-Lmh - Training-12/05/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 16, 2014

Administrator
Audrey's Tlc II
6808 Merion Place
North Lauderdale, FL 33068

Dear Administrator:

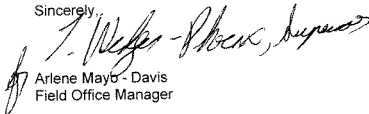
This letter reports the findings of a State Relicensure Revisit Survey conducted on December 5, 2014 by a representative from this office.

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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