STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965708	12/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abbey Delray Health Center	2105 Sw 11 Court Delray Beach, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-12/17/2014
0032-Resident Care - Elopement Standards-12/17/2014

0000-Initial Comments

An unannounced follow-up to licensure complaint survey, CCR# 2014007949, was conducted on 12/17/14 at Abbey Delray Health Center ALF. The facility corrected all prior outstanding deficiencies at the time of the revisit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 22, 2014

Administrator
Abbey Delray Health Center
2105 SW 11 Court
Delray Beach, FL 33445

Re: Revisit to CCR #2014007949

Dear Administrator:

This letter reports the findings of a Complaint Revisit Survey conducted on December 17, 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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