STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967989	12/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Advent Square	4798 North Dixie Highway Boca Raton, FL 33431	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-12/17/2014
0086-Training - Adrd-12/17/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 12/17/14 at Advent Square. The facility had no deficiencies identified at the time of the revisit survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2014

Administrator
Advent Square
4798 North Dixie Highway
Boca Raton, FL 33431

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on December 18, 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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