

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932651	(X3) DATE SURVEY COMPLETED 12/19/2014
NAME OF PROVIDER OR SUPPLIER Annie's Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Ne 62nd Street Fort Lauderdale, FL 33334	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Wellness Monitoring Visit was conducted on 12/19/14 at Annie's Retirement Home Inc. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 05, 2015

Administrator
Annie's Retirement Home
1650 NE 62nd Street
Fort Lauderdale, FL 33334

Re: Wellness Monitoring Visit

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on December 19, 2014 by a representative from 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/jw
Enclosure

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