

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910630	(X3) DATE SURVEY COMPLETED 12/23/2014
NAME OF PROVIDER OR SUPPLIER The Village On High Ridge	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 South Drive Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

E210-ECC - Training-12/23/2014

0000-Initial Comments

An unannounced follow-up to the Extended Congregate Care (ECC) Monitoring survey was conducted on 12/23/14. The Village on High Ridge ALF had no deficiencies found at the time of the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 06, 2015

Administrator
The Village On High Ridge
1800 South Drive
Lake Worth, FL 33461

Dear Administrator:

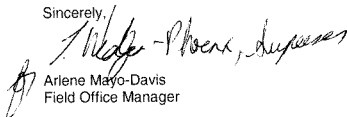
This letter reports the findings of an Extended Congregate Care (ECC) monitoring survey revisit conducted on December 23, 2014 by a representative of this office.

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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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/dso
Enclosure: State form 5000-3547

DT9D

