

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964730	(X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER Majestic Memory Care Center	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Arthur Street Hollywood, FL 33019	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Monitoring survey was conducted in conjunction with a Relicensure survey on 12/9/2014 and 12/10/2014 at Majestic Memory Care Center. The facility had no deficiencies found at the time relating to the monitoring visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2015

Administrator
Majestic Memory Care Center
1200 Arthur Street
Hollywood, FL 33019

RE: Monitoring Survey

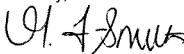
Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on December 9, 2014 and December 10, 2014 by a representative of 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,


 Ariene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

