

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932651	(X3) DATE SURVEY COMPLETED 01/29/2015
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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
 St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 1/29/15. Annie's Retirement Home had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 09, 2015

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

Dear Administrator:

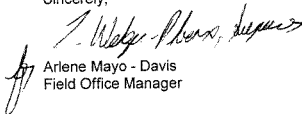
This letter reports the findings of a State Relicensure Revisit Survey conducted on January 29, 2015 by a representative from this office.

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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