

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/26/2015

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953662	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER Fairway Park Retirement Facility Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 16324 S W 99th Court Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0080-Training - Core & Competency Test-02/05/2015

0085-Training - Nutrition & Food Service-02/05/2015

0093-Food Service - Dietary Standards-02/05/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A standard biennial revisit survey was conducted on 02/05/15. Fairway Park Retirement Facility Corp. had no deficiencies found at the time of the survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 26, 2015

Administrator
Fairway Park Retirement Facility Corp
16324 S W 99th Court
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on February 5, 2015 by representative(s) 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.

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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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