STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943030	**02/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treemont On The Park	**3881 NE 3rd Avenue Oakland Park, FL 33334**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-02/24/2015
0030-Resident Care - Rights & Facility Procedures-02/24/2015
0052-Medication - Assistance With Self-Admin-02/24/2015
0093-Food Service - Dietary Standards-02/24/2015
Z815-Background Screening; Prohibited Offenses-02/24/2015

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up to the Relicensure survey was conducted on 2/24/2015 at Treemont On The Park. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 02, 2015

Administrator
Treemont On The Park
3881 NE 3rd Avenue
Oakland Park, FL 33334

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 24, 2015 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: 5000-3547

DT9D

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