

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964730	(X3) DATE SURVEY COMPLETED 02/26/2015
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)		

Revisit Corrected Tags:

0054-Medication - Records-02/26/2015
 0055-Medication - Storage And Disposal-02/26/2015
 0078-Staffing Standards - Staff-02/26/2015
 0081-Training - Staff In-Service-02/26/2015
 0085-Training - Nutrition & Food Service-02/26/2015
 0091-Training - Documentation & Monitoring-02/26/2015
 0093-Food Service - Dietary Standards-02/26/2015

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 2/26/2015. Majestic Memory Care Center had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 02, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 26, 2015 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,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547

1GGN

