STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	03/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Lake Retirement Home	1222 North 16th Avenue Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
Z809-Proof Of Financial Ability To Operate-03/12/2015
Z819-Minimum Licensure Req - Financial Viability-03/12/2015

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - Z809 - 59a-35.062(3)(e)&(7),408.803(7),408.810 - Proof Of Financial Ability To Operate S-S= G
St - A - Z819 - 408.810(9) Fs - Minimum Licensure Req - Financial Viability S-S= G

Specific Tag Findings:

0000-Initial Comments
An unannounced financial monitoring survey revisit was conducted on 3/12/2015 and 3/13/15 at North Lake Retirement Home. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 27, 2015

Administrator
North Lake Retirement Home
1222 North 16th Avenue
Hollywood, FL 33020

RE: Monitoring Survey Revisit

Dear Administrator:

This letter reports the findings of a Monitoring survey revisit conducted on March 12, 2015 and March 13, 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.

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
Enclosure

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