STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	**03/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview ALF Enterprises, Inc.	**3833 SW 33rd Street Hollywood, FL 33023**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-03/16/2015

Specific Tag Findings:

0000-Initial Comments
An unannounced desk review follow-up to the Relicensure survey was conducted on 03/16/2015 at Lakeview ALF Enterprises, Inc. The facility had no deficiencies found at the time of the desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 30, 2015

Administrator
Lakeview ALF Enterprises, Inc.
3833 SW 33rd Street
Hollywood, FL 33023

RE: Relicensure Desk Review Survey Second Revisit

Dear Administrator:

This letter reports the findings of a Relicensure desk review survey second revisit conducted on March 16, 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 based on documentation submitted to this office for review.

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 Maye-Davis
Field Office Manager

AMD
Enclosure

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