

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910731	(X3) DATE SURVEY COMPLETED 06/09/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 3485 NW 30TH STREET LAUDERDALE LKS, FL 33311	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 6/9/2015 at St. Joseph Residence. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2015

Administrator
St Joseph Residence
3485 NW 30th Street
Lauderdale Lakes, FL 33311

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on June 9, 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
Enclosure

