

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964524	(X3) DATE SURVEY COMPLETED 08/05/2015
NAME OF PROVIDER OR SUPPLIER ADAMS RETIREMENT HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 401 PENNSYLVANIA AVENUE FORT LAUDERDALE, FL 33312	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 08/05/15 at Adams Retirement Home Inc. The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 17, 2015

Administrator
Adams Retirement Home, Inc.
401 Pennsylvania Avenue
Fort Lauderdale, FL 33312

Re: Standard Biennial Survey

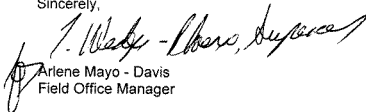
Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on August 5, 2015 by a representative from 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/jw
Enclosure

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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