

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964414	(X3) DATE SURVEY COMPLETED 08/03/2015
NAME OF PROVIDER OR SUPPLIER ADORING RANCHES	STREET ADDRESS, CITY, STATE, ZIP CODE 14450 STIRLING ROAD FORT LAUDERDALE, FL 33330	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted at on 08/04/15 at Adoring Ranches Assisted Living Facility. The facility had no deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 17, 2015

Administrator
Adoring Ranches
14450 Stirling Road
Fort Lauderdale, FL 33330

Re: Abbreviated Biennial Survey

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on August 3, 2015 by 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

1GGN

