

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966696	(X3) DATE SURVEY COMPLETED 08/12/2015
NAME OF PROVIDER OR SUPPLIER LEORAY ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 101 THOMAS ROAD HOLLYWOOD, FL 33023	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2015004885 was conducted at Leoray Assisted Living Facility, Inc on 08/12/2015. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2015

Administrator
Leoray ALF, Inc
101 Thomas Road
Hollywood, FL 33023

RE: CCR #2015004885

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on August 12, 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

1GGN

