STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	**12/18/2015**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOUR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

0000 Initial Comments

An unannounced monitoring survey was conducted at Safe Harbour Assisted Living Facility on 12/18/15 in conjunction with a complaint investigation (CCR# 2015012019). Deficiencies were not identified related to the welfare monitoring visit conducted at Safe Harbour Assisted Living Facility.

Refer to the 12/18/15 complaint investigation report (CCR #2015012019) for deficiencies identified during the 12/18/15 and 12/21/15 complaint investigation at Safe Harbour Assisted living facility.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 29, 2015

Administrator
Safe Harbour Assisted Living Facility
1320 SW 26th Street
Fort Lauderdale, FL 33315

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 18, 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/dso
Enclosure

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