

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932651	(X3) DATE SURVEY COMPLETED 01/26/2016
NAME OF PROVIDER OR SUPPLIER ANNIE'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 NE 62ND STREET FORT LAUDERDALE, FL 33334	

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

0000 Initial Comments

An unannounced licensure complaint investigation (CCR# 2015011204) was conducted at Annie's Retirement Home on 01/26/16. Annie's Retirement home had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 8, 2016

Administrator
Annie's Retirement Home
1650 NE 62nd Street
Fort Lauderdale, FL 33334

RE: CCR #2015011204

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 26, 2016 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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