

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965179	(X3) DATE SURVEY COMPLETED 01/27/2016
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NAME OF PROVIDER OR SUPPLIER SAFE HARBOUR ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 SW 26TH STREET FORT LAUDERDALE, FL 33315
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced monitoring visit was conducted at Safe Harbour Assisted Living Facility on 1/27/16. Safe Harbour Assisted Living Facility had no deficiencies at the time of the monitoring visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 8, 2016

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

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on January 27, 2016 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,

A handwritten signature in dark ink, appearing to read "Arlene Mayo-Davis", is written over the typed name and title.

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

1GGN

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