

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/10/2016  
FORM APPROVED

|                                                                         |                                                                                                          |                                                     |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911212</b>                              | (X3) DATE SURVEY COMPLETED<br><br><b>03/08/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>KELLY'S ASSISTED LIVING FACILITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1441 - 1451 NW 20TH STREET<br/>FORT LAUDERDALE, FL 33311</b> |                                                     |

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

**0000 Initial Comments**

An unannounced licensure complaint survey, CCR#2016002322, was conducted on 3/7/2016-3/8/2016 at Kelly's Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 29, 2016

Administrator  
Kelly's Assisted Living Facility  
1441 - 1451 Nw 20th Street  
Fort Lauderdale, FL 33311

RE: CCR #2016002322

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on March 8, 2016 by a representative from 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.

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,



Arlene Mayo - Davis  
Field Office Manager

AMD/jw  
Enclosure

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