STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911212	**03/16/2016**
NAME OF PROVIDER OR SUPPLIER **KELLY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1441 - 1451 NW 20TH STREET FORT LAUDERDALE, FL 33311**	

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

0000 Initial Comments

An unannounced complaint survey, CCR# 2015013389 was conducted from 03/16/2016 at Kelly ' s Assisted Living Facility. The facility had no deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2016

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

RE: CCR #2015013389

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on March 16, 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 Maye - Davis
Field Office Manager

AMD/jw
Enclosure

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