

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/17/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER AM GRAND COURT LAKES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179	

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

0000 Initial Comments

A Complaint (CCR#2016001954) Survey was conducted on April 06, 2016 and concluded on May 17, 2016 at AM Grand court Lakes, LLC. There were deficiencies identified on another complaint survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 17, 2016

Administrator
Am Grand Court Lakes, Llc
280 Sierra Drive
North Miami Beach, FL 33179

RE: CCR #2016001954

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 17, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form.

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 surveyor(s). Should you have any questions, please contact Arlene Mayo-Davis, RN at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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