| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953671 | 06/02/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**AM GRAND COURT LAKES, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**280 SIERRA DRIVE**<br>**NORTH MIAMI BEACH, FL 33179** | |

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

**0000 Initial Comments**

A Complaint (CCR#2016005121) Survey was conducted on , 2016 and concluded on , 2016. AM Grand court Lakes, LLC (License #8390) had the following deficiencies identified at time of the survey:

**0010 Admissions - Continued Residencv**

Based on record review and interview the facility failed to have updated health assessments (AHCA form 1823) after significant changes in activities of daily living for five of 28 sampled residents ' (1, 5, 7, 8 and 9).

Findings included:
Record review of Resident #1 ' s health assessment (AHCA 1823 Form dated ) revealed the following diagnosis, " (NOS), and "
Record review of Resident #1 ' s AHCA form 1823 did not indicated if Resident #1 needed 24 hour nursing or care.
Record review of Resident #5 ' s AHCA form 1823 (dated ) reflected the following information , OA of the knees, T2DM on with with behavioral disturbance. Also, AHCA form 1823 stated, " with behavioral disturbance and "
Record review of Resident #5 ' s AHCA form 1823 did not reflect information regarding Resident #5 ' s , height and weight.
Record review of Resident #5 ' s AHCA form 1823 showed that Resident #5 needed bedridden and required 24 nursing care. Also, Resident #5 did not show if the resident needed assistance with self-administration of medication.
Record review of Resident #7 ' s AHCA form 1823 (dated on ) showed the following diagnosis, " and and as "
Record review of Resident #7 ' s AHCA form 1823 (dated on ) showed that page #2 stated, " Resident ' s needs cannot be met in the facility. "
Record review of Resident #8 ' s 1823 (dated on ) showed the following diagnosis, " ASHD, and . Double amputee. "
Record review on to Resident #8 ' s AHCA form 1823 (dated ) did not have information of and weight reflected.
Record review of Resident #9 ' s AHCA form 1823 indicated that Resident #9 did not need assistance with medication.
Record review on to Resident #9 ' s MOR revealed that facility ' s staff assisted Resident #9 with self-administration of medication; it was initialized per facility ' s staff as given.

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During an interview on at 2:15 pm to staff A acknowledged that Residents (1, 5, 7, 8 and 9) did not have an accurate health assessment,and some information about significant changes was missing.

Class III

**0025 Resident Care - Supervision**

Based on record review and interview, the facility failed to maintain general awareness of whereabouts and an accurate written record, updated as needed, of any significant changes, any illnesses that resulted in hospitalization for 1 of 19 residents (#2). The facility also failed to keep in record an incident of robbery for 1 of 19 residents (#5).

Findings included:

Interview on at 10:00 am to staff E states, " Resident #2 is not here, she has been in the hospital for around a week. "
Record review on / / to Resident #2 ' s health assessment (AHCA 1823 Form /dated on / /) reflected a diagnosis of , , and Mood - , , , Vit Deficiency, II and .
Record review on / / to Resident #2 ' s Progress notes stated, " seen request of nurse . hospitalized for , failure, , . New decubs noted to R heel and L lateral foot. Hospital / .
On at12:28 pm, Administrator confirmed that Resident #2 was at the hospital for care. "
Record review of Resident #2 ' s Progress notes revealed that there was no information regarding Resident #2 most recent hospitalization.
Interviewed on / at approximately 1:00 pm, staff C stated, " I have been looking in the Resident #2 file, and there is no information regarding her last hospitalization; however, she has no anymore. "
Interviewed on at approximately 1:30 pm, Resident #5 ' s Family member stated , " I am satisfied with the service my mother receives in the facility; however, there was an incident two months ago that someone stole my mother ' s IPAD-M from her . I have not been notify of anything. I do not know if that will have a solution. "
Record review on / / to Resident #5 ' s file revealed that there was no written information regarding the IPAD-M missing report.
Interview on to staff A stated, " The family had the choice to make a report to the police, and no staffs is allow to park inside of the facility. I have no written information of the incident and/or changes done before the occurrence. "

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

**0030 Resident Care - Rights & Facility Procedures**

Based on interviews and record review, the facility failed to treat 6 of 28 sampled residents with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. Staff persons were managing residents personal spending allowance funds by subtracting money from resident accounts to make purchases for those residents without obtaining prior written consent from those residents to do so.

Findings:

A review of resident trust account ledgers for residents 3,4,25 and 26 showed that withdrawals were made from the residents accounts without their signature. Expenses were listed as 'beauty salon', 'cash out', 'grocery store' and 'miscellaneous'.

On / at 9:20 am- resident# 20 stated that the staff does things for her because her eyesight is bad. They keep her checks and pay her bills for her. She stated " they take care of everything. " When she needs something, they get it for her. She stated she doesn ' t think she signs the checks; the staff just gets the money from the bank.

On at approximately 1:00 pm, the Business Manager and the Administrator stated that they do not have a financial consent or Power of attorney from Resident #20 to handle her affairs.

On at 10:00 am, Resident #21 stated she was recently in the hospital for and agitation. She said while she was in the hospital the facility withdrew the money out of her account. She she said she did not authorize them. When asked about what she used to make rent payments, resident said the facility has her debit card, and they withdraw the money.

On at 12:45 pm, the Business Manager stated regarding Resident #21: "She was in the hospital for 4 months & I sent the ex-Director of Nursing (DON) to the rehab to get her rent. She was behind on rent and the facility didn ' t want to get stuck with the rent. The ex-DON brought the card back from the hospital and gave it to the receptionist . The receptionist gave the card back to the ex- DON to give to the resident. The Business Manager further stated that she did not have a financial consent from Resident #21 to handle her affairs.
Class III

**0052 Medication - Assistance with Self-Admin**

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation, interview and record review, the facility failed to ensure that staf provided assistance with medication admiistration to 7 of 28 sampled residents according to the guidleines identifed in statute. Stff did not explain to residents what medications were being taken, did not observe residents swallow the medications, and did not record medications taken on the Medication Observation Record (MOR) as soon as they were taken.

Findings:

On / / at 7:08 am, observed Staff R give resident #27 medications. Staff R did not inform client what the medications were.
On / / at 7:10 am- Staff R- gave meds to Resident #28. Staff R Did not inform client what the medications were.
A review of the MOR for Residents # 27 and 28 showed that the MORs were signed before the residents received the medications.
On at 7:25 am, staff E, R and S, regarding how they were trained, stated that they are 'read to' by a nurse from the pharmacy, then they take a quiz. They did not participate in a demonstration.

Class III

**0054 Medication - Records**

Based on observation, record review and interview the facility failed to follow the Medication Observation Record doctor ' s indications.
Findings included:
Observation on / from 7:00 to 7:32 am to Staffs E and R revealed that they were assisting residents with self-administration of medications.

Observation on / / at 7:15 am ofStaff R revealed that she assisted Resident #16 with self-administration of medication.

Record review on / / to the Medication Observation Record revealed that residents ' (#s 16, 17 and 18) had their medications at 7:00 am instead to 9:00 am.

Record review on to the MOR reflected that Resident #16 ' s medications ( 10 mg, 2 mg and 15 mg) were not signed as given.

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Interview on / / at 7:31am with Staff R revealed that she stated, " I was nervous, and I forgot to sign the MOR. "

Interview on / at 7:32 am to Staffs (E and R) revealed that they stated, " There are residents that have appointments or needed to go out early in the morning; therefore, we assisted them at 7:00 am with their self-administration of medication. "

Class III

**0055 Medication - Storage and Disposal**

Based on observation and interview, the facility failed to keep resident medications in a locked storage receptacle at all times. A medication cart stored in a resident dining unlocked.

Findings:

On / at 8:45 am, during a tour of the facility, the medication cart on memory care unit A was observed to be unlocked. No staff was present at the medication cart.

On / / at 8:46 am, Staff T acknowledged that the cart was unlocked and stated that he had forgotten to lock it.

On at 8:47 am, the Administrator stated that she had just recently had the staff retrained on medication procedures.

Class III

**0078 Staffing Standards - Staff**

Based on record review and interview the facility failed to have 1 of 19 (o) sampled employees' evidence of a negative ( ) examination documented on an annual basis.

Findings included:

Record review on / / to staff O did not have her up to date exam documentation at the time of the survey. Staff O's file reflected that she was hired on / .

Interviewed on at 2:30 pm to staff B stated, " Staff O had her done; however, I do not know

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SUMMARY STATEMENT OF DEFICIENCIES
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why the doctor did not date and/or put a final result as negative.

Class III

**0123 Fiscal - Resident Trust Funds**

Based on interviews and record review, the facility failed to obtain resident consent from 6 of 28 residents ( residents 3,4,20, 21,25 and 26) before expending funds from their personal trust accounts. The facility also did not provide residents with a statement at least once every three months, detailing sources and disposition of funds.

Findings:

A review of resident trust account ledgers for residents 3,4,25 and 26 showed that withdrawals were made from the residents accounts without their signature.

A review of records for residents 3,4,20, 21,25 and 26 showed that there were no written consents signed by the residents or their designee stating that staff had permission to subtract money from their accounts. Further review shoed that there was no documentation of a statement having been given to residents at least once every three months.

On / at 11:2, the Administrator stated that the Business Manger or the Receptionist go to the store to purchase things that Resident #25 wants, but that the resident doesn ' t sign for the debits from her account.
On / at 2:10 pm, the Business Manager was asked if the residents sign a consent for the facility to handle their money, and if they receive a statement of account at least every 3 months. She stated that they do not sign a consent and do not receive a statement.

On / at 9:20 am, Resident# 20 stated that the staff does things for her because her eyesight is bad. They keep her checks and pay her bills for her. She stated " they take care of everything. " When she needs something, they get it for her. She stated she doesn ' t think she signs the checks; the staff just gets the money from the bank.

Class III

**0152 Physical Plant - Safe Living Environ/Other**

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Based on observation and interview the assisted living facility failed to provide a safe living environment for residents. The facility also failed to provide an environment free of pests.

Findings Included:

Observation on at 9:05 am to the unit second floor building A revealed that there was an entrance that conducts to the stairs (exit) that has a loose big and heavy iron door simulating to be attached to the wall, but it was just over on the wall, and it was not secured.

Observation on / at 9:05 am to the unit second floor building A had residents living in it.

During an interview on at 9:09 am Staff A stated, " I did not know that this door was not secured, the building has been under remodeling, I will call maintenance to fix it. "

Observed Department of Health Staff conduct an inspection in the facility kitchen on / at approximately 12:30 pm. Roaches were identified behind surfaces and in food serving areas.

Class III

**0165 Risk Mgmt & QA: Adverse Incident Report**

Based on observation, record review and interview the facility failed report initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident 2 out of 19 ( 14 and 15) sampled residents .

Findings included:
Observation on at 11:00 am to Resident #14 revealed that he did not have an identification bracelet and/or photo in file.
Record review on / at 8:30 am to the facility ' s Elopement Binder revealed that Residents #15 was not identified as elopement ' s residents.
Record review on / / to facility ' s Elopement procedure revealed the following information:
" ADMINISTRATOR will notify Law Enforcement, Staff, and Emergency Contact, that resident has been found. Will also submit a Day 1 and Day 15 Adverse Incident Report. "
" D.O.N. will assess the resident for any injury and/or new physical/mental condition. "
" If warranted, resident ' s physician will be contacted. "
" The event will be documented in the resident ' s chart. "
Record review on at 10:43 am to Resident 14 ' s health assessment (AHCA 1823 Form) diagnosis dated on / stated, " and " Resident

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or behavioral status reflected as progressive memory loss due to .
Record review on / to Resident #14 ' s observation log dated stated, " Received a call from MT resident was seen by 199 and 2nd Ave by night staff. This writer along with staff members and exec dir initiated a search for resident which included MDPD resident was found on 441 and 186 stopping a bus. 0 injury, distress or complaints. Resident brought back safely to facility, being monitored closely. Resident son notified by Exec Direc. "
Record review on to Resident 15 ' s health assessment (AHCA 1823 Form) dated on / stated diagnosis as Parkinson, and . The resident ambulate with walker, resident is alert to name, forgetful and poor memory. Resident needs assistance with medication administration and hospice services. Resident special precautions as , no elopement risk.
Record review on to Resident #15 ' s Observation Log dated on stated, " Resident observed wandering around community with unsteady gait, walker removed resident placed in wheelchair, precaution bracelet applied to wrist. Staff made aware family. Exec Dir. Advice. 0 distress 0 complaints. Dr. notified. "
Record review on / revealed that facility did not send an incident report to the Agency. Moreover, facility did not have Elopement Assessment Evaluation for facility ' s residents.
Interview on at 1:00 pm to Staff A stated, " Resident #15 was not reflected as Elopement risk because he cannot walk or around, he is under hospice care, now. " Also, I did not report this occurrence to the Agency because I did not consider them as elopement, and we have no Elopement Assessment Evaluation for the facility ' s residents.
Class III

**L240 LMH - Licensing**

Based on record review and interview the facility failed to obtain a limited mental health license prior to providing services to 1 out of 19 (#3) sampled residents.

Findings included:

Record review of the facility's license revealed that facility held a standard license with the Limited Nursing Services component.

Record review on / of Resident # 3 ' health assessment (AHCA 1823 Form) revealed that Resident #3 ' s medical history as, " , DN, and . Also, 1823 reflected Resident #3 ' s diagnosis as , ."
A review of the Medication Observation Record (MOR) indicated that 4 mg, 50 mg, 20 mg, Neloxicam 15 mg, tablet, DR 20

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| | AL11953671 | 06/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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SUMMARY STATEMENT OF DEFICIENCIES
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mg, 25 mg, Therems-M , 2.5.mg, 1, 000, 2 mg , 20 mg, - and Triamcinlone 0.1% were his actual medications.
Record review on to the Website name www.medicines.org revealed the following information:

is an which belongs to the ' SSRI ' group (selective reuptake inhibitors). These medicines act on the -system in the by increasing the level. Disturbances in the -system are considered an important factor in the development of and related .
is used to treat:
(episodes of a major )
with or without agoraphobia (e.g. fear of leaving the house, entering shops, being in crowds and in public places)
- Social (social phobia)
- Generalized

Interview on at 11:00 am to staff B confirmed that Resident # 3 was the only resident receiving ( ). Also, interview on at 11:47 to staff A stated, " Resident #3 has SSI. "
Class III

**Z813 Results of Screening & Notification in File**

Based on observation, record review and interview the facility failed to have an Attestation of Compliance with Background Screening (AHCA form 3100-0008) in all (77 of 77) staff files.

Findings included:

Observation on at 9:30 am showed facility ' s updated staff schedule reflects 77 employees in the facility.

Record review on to facility ' s staff ' s records did not have Attestation reference in their file at time of the survey.

During an interview on at 1:23 p.m. Staff A and B stated, " We did not know that we have to keep the Attestation reference with the staffs' background screening." The Administrator acknowledged that the personnel files did not have Attestation reference in their files.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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**Z814 Background Screening Clearinghouse**

Based on observation and record review, the facility failed to register with the Background Screening Clearinghouse, and failed to maintain the roster of all employees within the clearinghouse.

Findings:

A review of the staff schedule showed 77 staff working at the facility.

A review on / / of the facility ' s background screening clearinghouse roster showed that its employees were not listed.

On / around 11:00 am, Staff B (Business Manager) stated, " The facility did not have the Staff registered on the clearinghouse website, but I will do it right now. "

Unclassified

**Z815 Background Screening: Prohibited Offenses**

Based on observation, record review and interview facility failed to ensure that one of 20 staff had an eligible Level II Background Screening prior to providing direct care to residents.

Findings included:

A review of the s nursing schedule reflected Staff O, hired on /, working in the facility from 7:00 am - 3:00 pm.

Record review showed that there was no documentation of Staff O ' s eligible Level II Background Screening result in the personnel file.

Interview on / at 1:30 pm, staff A and B (Administrator and Business Manager) acknowledged that staff O did not have an eligible Background Screening result in her file.

Unclassified

**Z816 Background Screening-Compliance Attestation**

Based on record review and interview the facility failed to verify the Level II background screening for

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one of twenty sampled staff no more than 90 days prior to the staff person beginning work for staff who had continuously been working in another facility without a break in service.

Findings included:

Record review revealed that Staff N documentation of the Level II background screening dated . Record review on revealed that Staff N ' s Employment application was dated on .

Record review revealed that Staff G ' s background screening was dated . Staff G ' s Employment application was date on .

Record review on revealed that Staffs N and G did not have recommendation letter on file to document that they had been working at another facility without a break in service. Staff N and G also had no date reflected on employment information.

Interviewed on at 1:00 pm staff A and B stated, " We did not know that the background screening needed to be completed before the employee started working at the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

**RE: CCR #2016005121**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for
Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure 2016005121
XG90

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