

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910686	(X3) DATE SURVEY COMPLETED 09/08/2016
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NAME OF PROVIDER OR SUPPLIER INDEPENDENCE HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1639 NE 26TH STREET FORT LAUDERDALE, FL 33305
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2016006048, was conducted on August 22 and September 8, 2016 at Independence Hall (License #4416). The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2016

Administrator
Independence Hall
1639 NE 26th Street
Fort Lauderdale, FL 33305

RE: CCR #2016006048

Dear Administrator:

This letter reports findings of a state complaint survey that was conducted on August 22, 2016 and September 8, 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,


 Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
7MRZ

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