

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965179	(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER SAFE HARBOR ASSISTED LIVING RESORT	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 SW 26TH STREET FORT LAUDERDALE, FL 33315	

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

0000 Initial Comments

An unannounced licensure complaint CCR 2016007856 was conducted at the facility on 9/21/16 in conjunction with the Relicensure survey. The facility had no deficiencies identified during the complaint survey. Please see separate report for Relicensure survey findings.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 9, 2016

Administrator
Safe Harbor Assisted Living Resort
1320 Sw 26th Street
Fort Lauderdale, FL 33315

RE: CCR #2016007856

Dear Administrator:

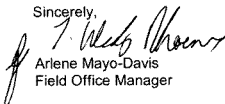
This letter reports the findings of a complaint survey completed on September 21, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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/dso
Enclosure

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