

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965625	(X3) DATE SURVEY COMPLETED 01/12/2017
NAME OF PROVIDER OR SUPPLIER ACTIVE SENIOR LIVING RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 9057 NW 57TH STREET TAMARAC, FL 33321	

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

0000 - Initial Comments

An unannounced relicensure survey with limited nursing service (LNS) was conducted on 1/12/2017 at Active Senior Living Residence (License #9969). The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 20, 2017

Administrator
Active Senior Living Residence
9057 NW 57th Street
Tamarac, FL 33321

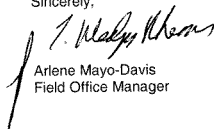
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 12, 2017 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 (5000-3547) form

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