

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953662	(X3) DATE SURVEY COMPLETED 02/17/2017
NAME OF PROVIDER OR SUPPLIER FAIRWAY PARK RETIREMENT FACILITY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 16324 S W 99TH COURT MIAMI, FL 33157	

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

0000 - Initial Comments

A Monitoring Survey was conducted on _____ at Fairway Park Retirement Facility Corp (License # 8673) with Limited Mental Health component, where an Emergency Suspension Order and Moratorium on Admissions were in place. The following deficiency was identified at the time of the survey:

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Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC Based on observation and interview, the facility failed to provide access to authorized employees of the Agency for Health Care Administration for the purpose of inspection or investigation deemed necessary to ensure that the facility was not operating with a suspended license. Findings: A review of agency records showed that the facility had been placed under an emergency suspension order and moratorium on admissions on On at 12:21 pm, a car was observed parked in front of the facility. No one responded to several knocks at the door or to the doorbell being rung several times. Access was attempted again at 1:55 pm, with the same result. Interviewed on at 1:55 pm, the Administrator stated that three men were living at the facility. She denied access for the purpose of inspection. Unclassified		