

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/26/2012
NAME OF PROVIDER OR SUPPLIER HOMEWOOD RESIDENCE AT BOCA RAT			STREET ADDRESS, CITY, STATE, ZIP CODE 9591 YAMATO ROAD BOCA RATON, FL 33434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments CCR# 2012006444 Allegations were confirmed without deficiency. The Homewood Residence Boca Raton Assisted Living Facility is in compliance with the Requirements for Assisted Living Facilities, related to the allegations reviewed.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0009

7E4V11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 17, 2012

Administrator
Homewood Residence at Boca Raton
9591 Yamato Road
Boca Raton, FL 33434

Re: CCR #2012006444

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 26, 2012 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State Form 3020, indicating no deficiencies were identified during this 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 this agency's representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis (mes)
Field Office Manager

AMD/hl
Enclosure

