Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD PARK RETIREMENT LLC	5770 STIRLING ROAD HOLLYWOOD, FL 33021

(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 An Assisted Living Facility complaint inspection survey (CCR# 2012013637, CCR# 2012013689 and CCR# 2012013712) was conducted on Emerald Park Retirement, had licensure deficiencies identified at time of the visit. Deficient practice was identified at CCR# 2012013689 and CCR# 2012013712.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of	A 055		

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A 055	Continued From page 1	A 055		

physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has

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ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observations, interview and record review, the facility failed to centrally store medications for a resident who requires assistance with self-administration of medications for 1 out of 4 general population resident rooms [redacted] (Resident #15).

The findings include:

A tour of the facility was conducted on [redacted] facility's Health Care Director and Regional Director (a registered nurse). At 11:36 AM, while visiting with Resident #15 in his room, a [redacted] of prescribed Lantanoprost 0.005% eye drops was observed on the sink vanity in the resident's bathroom. Both [redacted] acknowledged it's presence and stated this was

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A 055	Continued From page 3 the first they knew of it. In an interview conducted at 11:39 AM, the resident stated he uses the eye drops daily. His medical examination (AHCA Form 1823) dated documented he required assistance with self-administration of medications. This was discussed with the Administrator on at 5:22 PM. Class III	A 055		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of	A 077		

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A 077	Continued From page 4 either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on interviews with facility staff, the facility failed to appoint an individual who has passed the Core training competency test as the facility's manager when the Administrator supervised more than one assisted living facility. This can potentially affect all 87 current residents of the facility. The findings include: In an interview conducted 03/2 : 9:32 AM, the facility's Administrator was asked and stated he was the Administrator for this facility and	A 077		

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A 077	Continued From page 5 another assisted living facility. When asked who was his relief person or designee for this facility, he identified the facility's Health Care Director who had not received Core training or passed the related competency test. When asked who his Manager for this facility was, he stated he did not know he had to have one. Later in the day, he stated a Core-trained Administrator from another facility was his back-up but confirmed he had nothing in writing designating a Manager for this facility at this time. Class III	A 077		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a stage pressure sore; 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is deceased, date of death. of a resident to the facility after discharge requires a new entry. Discharge of a	A 160		

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resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with or related , a copy of all such facility

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A 160	Continued From page 7 advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by:	A 160		

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Based on record review and interviews, the facility failed to investigate and maintain records of major incidents for 1 out of 3 sampled residents (Resident #13). 3 out of 10 sampled incident reports (Residents #1, 18 and 20) failed to adequately document investigations and interventions for four major incidents.

The findings include:

1. Review of Resident #13's resident observation notes documented pertinent diagnoses of high and a history of she was receiving hospice services. She out of her wheelchair when it tipped over on while being wheeled by a Hospice Aide. She received lacerations to the right side of her face and was profusely from her nose. She was transported to the hospital for evaluation and treatment. Further review of her resident observation notes revealed the following required information to be missing or unclear:
a) Location - The notes did not identify where the took place such as resident , common area, etc.
b) Names of individuals involved - The notes did not identify if there were any witnesses to the incident although the resident was being escorted by a Hospice Aide at the time. There was no evidence other staff, residents or visitors were interviewed or provided witness statements.
c) Description of medical or other services provided, by whom - Other than references to "transport to the hospital" and identifying the resident was profusely from nose. She obtained small laceration to R side of face ... has no and "footrests already ordered by [hospice]", there was no documentation showing what if any medical services, first aid, comfort

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measures, or other services were provided by staff or others. The documentation did not identify which leg got caught behind the wheel.
d) Steps taken to prevent recurrence/interventions: The resident returned to the facility on . . . . . There was no documentation showing interventions put in place by facility staff to prevent recurrence of the incident.

2. Review of an incident report regarding Resident #18 documented pertinent diagnoses of . . . . . and high . . . . . She . . . l down on . . . . . and was assessed with . . . . . to her face and chest and complained of pain. She was transported to the hospital for evaluation and treatment. Further review of the incident report and related resident observation notes revealed the following required information to be missing or unclear:
a) Clear description - The form disclosed the incident occurred in a hallway and that the resident (with . . . . . could report she . . . l but no details were gathered related to how or why she . . . Numerous pertinent questions on the form were answered " N/A " . Nothing showed staff investigated the incident to determine the possible nature of injuries and/or underlying cause of the . . . .
b) Location information was not clear - The location read, "hallway" but no other details were given. This 100-bed facility has numerous hallways.
c) Witnesses - One person was listed as a witness but there was no witness statement or interview. There was no evidence other staff, residents or visitors were interviewed or provided witness statements.
d) Actions taken - The section titled What was the immediate intervention taken? read, "Resident

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was taken to [hospital] for further evaluation." The section titled First Aid Administered read, "N/A" . There was no documentation showing staff response except that they called 911; no evidence of comfort measures or first aid applied, medications offered or taken and by whom, etc. The form documented [redacted] to the top of the resident's right eye, face and chest but under type of injury, "Hematoma" was not checked off and the body diagram was not marked with the locations of the [redacted]
e) Medical and other services provided - Multiple pertinent questions on the form were answered "N/A" including questions like: first aid rendered; seen by physician, name, when, where (the resident was transported to a hospital for evaluation/treatment).
f) Prevent recurrence/intervention - Sections for classifying the incident and the related level of staff response appeared ignored. For example, the legend disclosed a resident sent to the hospital constituted a Class 4 incident. The form read, "If Class 3, 4 or 5 applies - forward to Risk Manager" and "For [redacted] - steps to prevent recurrence". The related comment read, "Will discuss health care plan with the Health Committee upon return from the hospital." A [redacted] resident observation log entry disclosed, "It was discussed in our health care meeting today that resident is fully ambulatory, it was decided that no other intervention will be needed at this time." This is not an acceptable intervention for a resident with [redacted] who has [redacted] and received injuries that required a hospital visit as treatment.
g) The areas for signatures and dates to indicate the information was reviewed by the Administrator and reviewed by the DON (Director of Nursing) were left blank.

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A 160	Continued From page 11 3. Review of an incident report regarding Resident #20 documented pertinent diagnoses of high and a history of right hip . She was found on the floor on , reported she had bumped her head, and was transported to the hospital for evaluation and treatment. Further review of the incident report and related resident observation notes revealed the following required information to be missing or unclear: a) Clear description - The form disclosed the incident occurred in the resident's that the resident (with could report she bumped her head. No details were gathered related to how or why she , numerous pertinent questions on the form were answered "N/A"; no documentation showed staff investigated the nature of injury and/or underlying causes. b) Location information was not clear - The form has "resident checked off but there is no detail explaining where in her was found, how she was found, what position she was found in, etc. c) Witnesses - One person was listed as a witness but there was no witness statement or interview. There was no evidence other staff, residents or visitors were interviewed or provided witness statements. d) Actions taken - The section titled What was the immediate intervention taken? read, "Resident was assisted off floor and taken to hospital." There was no documentation showing staff response such as comfort measures applied, medications offered or received, or by whom, etc.; the resident was described to have "bumped her head" but there is no documentation showing results of an assessment such as: no injury noted, bump to forehead, etc. e) Medical and other services provided - Multiple pertinent questions on the form were marked	A 160		

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"N/A", including questions like: seen by physician, name, when, where (although the resident was transported to a hospital for evaluation/treatment).
f) Prevent recurrence/intervention - Sections for classifying the incident and the related level of staff response appeared ignored. For example the legend disclosed a resident sent to the hospital constituted a Class 4 incident. The form read, "If Class 3, 4 or 5 applies - forward to Risk Manager" and "For ..... - steps to prevent recurrence". The related comment read, "A care plan will be put in place to prevent recurrence". A resident observation log entry disclosed, "Resident incident was discussed during the health care meeting. Resident is unable to receive physical due to resident health and lack of ability to perform. It was decided that physical would not benefit resident at this time. Nursing will continue to monitor resident." "Continuing monitoring" does not indicate increased monitoring or placement of other step(s) to take to prevent the incident from recurring, therefore this is not an acceptable intervention for a resident with ..... who has ..... and received injuries that required a hospital visit as treatment.
g) The sections for the title and signature of the person who prepared the report were left blank.
h) The areas for signatures and dates to indicate the information was reviewed by the Administrator were left blank.

4. Review of an incident report regarding Resident #1 documented pertinent diagnoses of high ..... and spinal , and she had a . She was found on the floor on , reported she had lost her balance and , and was transported to the hospital for evaluation and treatment. Further

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A 160	Continued From page 13 review of the incident report and related resident observation notes revealed the form documented there were no witnesses to the incident although the resident was personally found by a staff member. There was no evidence that staff member, or other staff members, residents or visitors were interviewed or provided witness statements. These concerns were discussed in an interview conducted with the Administrator on at 3:45 PM. He stated he believed he had additional information available related to the handling of these major incidents. However, subsequent documentation received did not address these concerns. Class III	A 160		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the	A 165		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 165	Continued From page 14	A 165		

resident ' s condition and results in:
1.
2. or spinal damage;
3. Permanent
4. or of bones or joints;
5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or
7. An event that is reported to law enforcement or its personnel for investigation; or
(b) Resident elopement, if the elopement places the resident at risk of harm or injury.
(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident.
(4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.
(6) neglect, or must be reported to the Department of Children and Family Services as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall

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A 165	Continued From page 15	A 165		

determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.

(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.

(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.

(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, . 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml;

Agency for Health Care Administration

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A 165	Continued From page 16 by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to file the 1-day and 15-day electronic reports related to an adverse incident for 1 out of 7 sampled residents (Resident #13). Staff failed to ensure a wheelchair was properly equipped; the resident experienced a related and required a higher level of care as a result. The findings include: Resident #13 experienced a on . When asked for all records related to the incident, two pages of her Resident Observation Log dated were presented:	A 165		

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A 165	Continued From page 17 a) An entry made at 10:00 AM documented Resident #13 was being wheeled in a wheelchair by a Hospice Aide without its foot rests in place; the resident's foot got caught behind a wheel, the wheelchair tipped forward, and the resident out of the wheelchair. She sustained lacerations to the right side of her face, was profusely from her nose, and was transferred to a hospital for evaluation and treatment. b) An entry made at 10:45 AM documented "...footrests already ordered by [hospice] to replace the missing ones." c) An entry made at 5:20 PM documented Resident #13 will be transferred to a hospice unit for continued care. A subsequent Resident Observation Log entry made on at 6:00 PM documented the resident returned to the facility. In an interview conducted at 3:00 PM, the Administrator stated facility staff had been aware of the missing foot rests for some time. He acknowledged the wheelchair was not properly equipped for its intended use and facility staff should have reported it and/or taken steps sooner to ensure the wheelchair was in proper working condition which would have prevented the incident. He further stated there was no additional documentation related to this incident available. At 3:20 PM, the Administrator stated no adverse incident reports had been filed with AHCA as required. Class III	A 165		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emerald Park Retirement Llc
5770 Stirling Road
Hollywood, FL 33021

Re: CCR #2012013637, 2012013689
and #2012013712

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924