STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	**01/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Shores Assisted Living	**1229 Mango Tree Drive Edgewater, FL 32132**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0026-Resident Care - Social & Leisure Activities-01/07/2014
0030-Resident Care - Rights & Facility Procedures-01/07/2014
0031-Resident Care - Third Party Services-01/07/2014
0054-Medication - Records-01/07/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/07/2014
0093-Food Service - Dietary Standards-01/07/2014
0120-Fiscal - Financial Stability-01/07/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2014

Administrator
Florida Shores Assisted Living
1229 Mango Tree Drive
Edgewater, FL 32132

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 7, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Joan Lynch RN

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

LW/RED/sm
Enclosure

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