

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910731	(X3) DATE SURVEY COMPLETED 07/24/2014
NAME OF PROVIDER OR SUPPLIER St Joseph Residence	STREET ADDRESS, CITY, STATE, ZIP CODE 3485 Nw 30th Street Lauderdale Lks, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014004619, was conducted on 07/24/2014 at St. Josephs Residence. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2014

Administrator
St Joseph Residence
3485 NW 30th Street
Lauderdale Lks, FL 33311

RE: CCR #2014004619

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 24, 2014 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

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