

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105852	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2016
NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF			STREET ADDRESS, CITY, STATE, ZIP CODE 7225 BOCA DEL MAR DRIVE BOCA RATON, FL 33433	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS  An unannounced Recertification survey was conducted on 5/16/16 to 5/19/16 at Heartland Health Care and Rehabilitation Center of Boca Raton. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
F 364 SS=0	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP  Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance, and food that is palatable, attractive, and at the proper temperature.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to provide pureed food prepared by methods that conserve nutritive value and flavor for 4 of 4 non-sampled residents with physician ordered pureed diet.  The findings included:  During the kitchen/food service sanitation tour conducted on 05/16/16 at 9 AM it was noted that a 1/4 steam table pan of what appeared to be pureed vegetables was located within the walk-in refrigerator. An interview conducted with staff A, the facility cook revealed the pan was pureed mixed vegetables. The cook further stated that she cooked and pureed the mixed vegetables early in the morning of 05/16/16 and then refrigerates the pureed vegetables for several	F 364	F364 - It is the practice of the center to ensure that each resident receives and the facility provides food prepared by methods that conserve nutritive value and flavor.  Pureed vegetables will be reviewed 3x week for 4 weeks to ensure they are prepared as close to meal service hours as possible.  In-service will be conducted with the Cooks on appropriate preparation time frames for pureed vegetables.	

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

*Karen Howell*

TITLE

*Administrator*

(X6) DATE

*5/19/16*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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JUN 01 2016

BY:

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 364	Continued From page 1 hours, then reheats the pureed vegetables, then holds them on the steam tables, to be served at 12 PM. It was discussed with the cook the prolonged cooking, and reheating of vegetables negatively effects the nutrient content of the vegetables. The cook stated that this procedure is done on a daily basis and was unaware that all vegetable should be cooked as close to meal service hours as possible. A review of the facility's diet census for 05/16/16 revealed there were 4 facility residents with physician ordered pureed diet.	F 364	Dietitian and/or designee will randomly audit trayline as close to meal service hours as possible to ensure appropriate preparation timeframe for pureed vegetables 3 times per week for a period of four (4) weeks and randomly thereafter for 2 months.	
F 371 SS-F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions that included: failure to hold hot and cold foods at regulatory temperatures, proper handling of food to prevent contamination, and discarding of worn food preparation equipment.  The findings included:	F 371	The Dietitian and/or designee will report findings monthly x 3 to the QA&A committee for additional recommendations if warranted.  Correction date: 06/19/2016  F371 - It is the practice of the facility to store, prepare, distribute and serve food under sanitary conditions  1a) Frozen ice packs were obtained the same day and placed in the thermal bags.  1b) The storage rack was replaced the same day.  1c) A new set of cutting boards was purchased.	

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F 371	Continued From page 2 1) During the kitchen/food service observation tour conducted on 05/16/16 at 8:55 AM accompanied with the Food Service Director the following were noted:  (a) During the kitchen/food service observation tour it was noted that 2 thermal bags were documented as lunch for 2 facility residents (1 non-sampled and Resident #97) on 05/16/16 and 05/17/16. Both bagged lunches included perishable foods that included an egg salad sandwich and a turkey sandwich. Further observation and interview with the Food Service Director revealed that the bagged lunches were not going to be sent with a frozen ice pack to ensure that the cold perishable food remained at 41 degrees Fahrenheit or below. The director stated that the dietary department does not have any of the frozen ice packets to be included with the bagged lunches.  (b) Observation of the 3 shelf storage rack where clean food preparations pots, pans, and serving utensils were being stored was noted to have an area of chipping and peeling paint. There was the potential that the peeling paint could fall into the pots, pans, and serving utensils  (c) Five of five commercial colored cutting boards were noted to have numerous large cut grooves that could potentially harbor bacteria resulting in food contamination.  2) During the observation of the lunch meal in the main dining room on 05/16/16 at 12:38 PM it was noted that the hot foods for the lunch were delivered to the satellite kitchen in the main dining room. Instead of placing the pans of hot foods in the steam table wells to keep the food hot the	F 371	2) The service from the satellite kitchen has been suspended. Food is delivered via a food cart on individual trays to patients who take their meals in the main dining room.  In-service will be conducted with the Cooks and dietary staff on placement of ice packs into thermal bags containing portable meal for patients receiving offsite.  In-service will be conducted with the Cooks and dietary staff on notifying appropriate staff of need for repairs or replacement of equipment.  In-service will be conducted with the Cooks and dietary staff on food sanitation  Dietitian and /or designee will randomly audit thermal bags for _____ patients for the placement of ice packs into thermal bags containing portable meal for patients receiving offsite 3 times per week for a period of four weeks and randomly thereafter for 2 months.		

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F 371	Continued From page 3 cook placed the pans of the entree, starch, and vegetable on top of the covers to the steam table wells. Further observation noted staff B, the cook plated up 3 Tuna Noodle Casserole's to be served to the residents. It was then noted that the cook realized that an incorrect serving spoon was being utilized for a serving of Tuna Noodle Casserole and proceeded to pick up the casserole with gloved hands and place the entrees back into the steam table pan of Tuna Noodle Casserole. The cook was then observed to serve the rest of the lunch meal without changing gloves after handling the foods with his gloved hands.	F 371	Dietitian and /or designee will randomly audit storage racks and cutting boards in the kitchen for possible chips or peeling paint 3 times per week for a period of four weeks and randomly thereafter for 2 months  Dietitian and /or designee will randomly audit 5 trays during trayline for appropriate serving of food 3 times per week for a period of 4 weeks and randomly thereafter for 2 months.		
F 425 SS=D	This deficiency had the potential to effect 74 of the facility's 76 residents. 483.50(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425	The Dietitian and/or designee will report findings monthly x 3 to the QA&A committee for additional recommendations if warranted.  Correction date: 06/19/2016  F425 - It is the practice of the center to ensure that medications are available as prescribed.  Resident #50 still resides at the facility. A review of his medications was conducted to ensure availability.		

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F 425	Continued From page 4  This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to provide prescribed medications in a timely manner for 1 of 5 residents (Resident #50), as evidenced by an unavailable medication during the medication administration observation.  The findings included:  During medication administration observation on at 09:30 AM with Staff C, a Licensed Practical Nurse (LPN), it was noted that the box for the prescribed medication medication that treats ( ) for Resident #50 was empty and the medication was not available to be given. Staff C checked the emergency medication kit to see if the medication was available and it was not. Staff C then called the pharmacy to refill the daily routinely ordered medication. Staff C was informed that the medication was already called in. During an interview with Staff C directly after the medication administration observation, it was revealed that it is the nurse's responsibility to call in refills to the pharmacy. Staff C further stated medication refill requests should be done when the medication gets down to 4 or 5 doses left.  During an interview on 05/19/16 at 11:12 AM the Director of Nursing (DON) stated the medication for Resident # 50 was requested on Sunday, at 2:55 PM. The DON further	F 425	Like residents were identified and reviewed.  In-service will be conducted with the licensed nursing staff on ensuring medications are available as prescribed.  A review of the medication carts was completed to ensure medications are available as prescribed.  Assistant Director of Nursing and/or designee will randomly audit the medications of five patients 2x week for a period of four (4) weeks to ensure medications are available as prescribed.  The Assistant Director of Nursing and/or designee will report findings monthly x 3 to the QA&A committee for additional recommendations if warranted.  Correction date: 06/19/2016		

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F 425	Continued From page 5 stated the medication should have arrived on Monday morning, _____, prior to the next due dose. The DON stated she spoke with the pharmacy manager to inquire as to why the medication had not been delivered, and was told it was too soon for the refill. The pharmacy sends a 2 week supply of this category medication. The surveyor questioned if any communication was sent denying the medication refill. The DON stated that the pharmacy usually will send a note if a medication was not issued. The DON further stated that no communication was sent because pharmacy realized it was their mistake and issued the medication that evening. The medication was administered on _____ at 8:18 PM.	F 425		
F 431 SS=D	Review of facility documentation in the medication room revealed medications must be reordered timely to avoid the resident running out and missing doses. <b>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b> The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 431	F431 - It is the practice of the center to ensure proper storage of _____ and _____  Resident #86 still resides at the facility. _____ was removed and reordered. _____ was discarded.	

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F 431	Continued From page 6 applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's own policies and procedures, it was determined the facility failed to ensure proper storage per manufacturer recommendations of 1 _____ and 1 _____ for Resident #86.  The findings include:  An observation of the medication cart in the hall beginning on _____ at 11:18 AM with staff D, a licensed Practical Nurse (LPN) and staff E, a Registered Nurse (RN) Supervisor revealed the following:  - A of _____ ( _____ ) labeled for Resident #86 with a fill date of _____ was	F 431	Like residents have been identified and reviewed.  A review of the medication carts was completed to ensure proper storage of _____ and _____  In-service will be conducted with the licensed nursing staff on proper storage of _____ and _____  Assistant Director of Nursing and/or designee will randomly audit the medication records of five patients with orders for _____ and _____ 2x per week for a period of four (4) weeks to ensure proper storage of medication.  The Assistant Director of Nursing and/or designee will report findings monthly x 3 to the QA&A committee for additional recommendations if warranted.  Correction date: 06/19/2016	

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F 431	<p>Continued From page 7</p> <p>stored at room temperature although it was labeled "refrigerate."</p> <p>- A vial of _____ labeled for Resident #86 had an open date of _____ and label directions under the open date to "discard after 28 days," which Nurse confirmed during that observation was the only _____ currently in use for Resident #86. When asked when this _____ should be discarded Nurse replied she would have to check because she didn't want to give wrong information. After talking to a manager, she returned to say it should be discarded 28 days from the opened date and admitted that this time had passed. Review of Resident #86's Medication Administration Record showed she received 10 doses of _____ since the _____ should have been expired: on _____ at 7:30 AM and 11:30 AM; on _____ at 11:30 AM and 4:30 PM; on _____ at 11:30 AM; on _____ at 11:30 AM; on _____ at 07:30 AM; _____ at 4:30 PM; on _____ at 07:30 AM and 4:30 PM.</p> <p>An unopened _____ with a fill date of _____ labeled for Resident #86, was stored in the medication cart at room temperature although it was labeled to refrigerate on arrival. Nurse "E" admitted there was no means to determine when the medication was removed from refrigeration. Nurse E reported she did not know how long the _____ was stable at room temperature and admitted the _____ should be refrigerated until opened.</p> <p>The Director of Nursing provided the Policy and Procedure titled 5.3 Storage and Expiration Dating of Drugs, Biologicals, Syringes and Needles, effective date 01/01/08, which directs the following:</p>	F 431			



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F 431	Continued From page 8 - 3. The Nursing Center should ensure that drugs and biologicals that: (1) have an expiration date on the label; (2) have not been retained longer than recommended by manufacturer or supplier guidelines; or (3) have not been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the supplier. - 3.1 Once any drug or biological package is opened, the Nursing Center should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications.	F 431		

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Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER  
**HEARTLAND HEALTH CARE AND REHABILITATION**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**7225 BOCA DEL MAR DRIVE  
BOCA RATON, FL 33433**

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N 000	INITIAL COMMENTS	N 000		
N 090 SS=D	<p>59A-4.112(1), FAC Pharmacy Policies and Procedures</p> <p>The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and policy review, the facility failed to provide prescribed medications in a timely manner for 1 of 5 residents (Resident #50), as evidenced by an unavailable medication during the medication administration observation.</p> <p>The findings included:</p> <p>During medication administration observation on at 09:30 AM with Staff C, a Licensed Practical Nurse (LPN), it was noted that the box for the prescribed medication medication that treats _____ ( ) for Resident #50 was empty and the medication was not available to be given. Staff C checked the emergency medication kit to see if the medication was available and it was not. Staff C then called the pharmacy to refill the daily routinely ordered medication. Staff C was informed that the medication was already called in.</p>	N 090	<p>N 090 - It is the practice of the center to acquire, receive, dispense and administer drugs and biologicals to meet the needs of each resident.</p> <p>Resident #50 still resides at the facility. A review of his medications was conducted to ensure availability.</p> <p>Like residents were identified and reviewed.</p> <p>In-service will be conducted with the licensed nursing staff on ensuring medications are available as prescribed.</p> <p>A review of the medication carts was completed to ensure medications are available as prescribed.</p>	

AHCA Form 3028-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Karen Maxwell*

TITLE  
*Admin. Director*

(X6) DATE  
*6/1/16*

STATE FORM

DC9K11

If continuation sheet 1 of 2

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JUN 01 2016  
BY: \_\_\_\_\_

Agency for Health Care Administration

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N 090	<p>Continued From page 1</p> <p>During an interview with Staff C directly after the medication administration observation, it was revealed that it is the nurse's responsibility to call in refills to the pharmacy. Staff C further stated medication refill requests should be done when the medication gets down to 4 or 5 doses left.</p> <p>During an interview on 05/19/16 at 11:12 AM the Director of Nursing (DON) stated the medication _____ for Resident # 50 was requested on Sunday, _____ at 2:55 PM. The DON further stated the medication should have arrived on Monday morning, _____ prior to the next due dose. The DON stated she spoke with the pharmacy manager to inquire as to why the medication had not been delivered, and was told it was too soon for the refill. The pharmacy sends a 2 week supply of this category medication. The surveyor questioned if any communication was sent denying the medication refill. The DON stated that the pharmacy usually will send a note if a medication was not issued. The DON further stated that no communication was sent because pharmacy realized it was their mistake and issued the medication that evening. The medication was administered on _____ at 8:18 PM.</p> <p>Review of facility documentation in the medication room revealed medications must be reordered timely to avoid the resident running out and missing doses.</p>	N 090	<p>Assistant Director of Nursing and/or designee will randomly audit the medications of five patients 2x week for a period of four (4) weeks to ensure medications are available as prescribed.</p> <p>The Assistant Director of Nursing and/or designee will report findings monthly x 3 to the QA&amp;A committee for additional recommendations if warranted.</p> <p>Correction date: 06/19/2016</p>	



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

May 27, 2016

Administrator  
Heartland Health Care And Rehabilitation Center Of  
Boca Raton  
7225 Boca Del Mar Drive  
Boca Raton, FL 33433

Dear Administrator:

On May 16, 2016-May 19, 2016, Recertification, Licensure and Life Safety Code surveys were conducted in your facility by representatives of this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the provider's copies of Form CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Form. These forms reference the deficiencies that were identified during the visit.

**You will not receive a copy of this letter and attachments in the mail; you will only receive this faxed report.**

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. **Deficiencies shall be corrected no later than June 19, 2016.**

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

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

**Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.**

Remedies will be recommended for imposition by CMS if your facility has failed to achieve substantial compliance by the revisit. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- A mandatory denial of payment for new admissions will be imposed August 19, 2016 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on November 19, 2016 if substantial compliance is not achieved by that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, the CMS Regional Office or State Medicaid Agency will impose the other remedies indicated above, or a revised remedy, if appropriate.

**Informal Dispute Resolution:**

In accordance with §468.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 9-A  
Tallahassee, Florida 32308  
FAX (850) 414-6946

or

Phone number: (850) 412-4301  
[IDRCordinator@ahca.myflorida.com](mailto:IDRCordinator@ahca.myflorida.com)

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

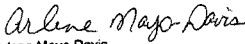
The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged

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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 representatives. If you have questions, please contact this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD/dmb

R6WB