

**GROUP CARE**  
**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH**  
**COUNTY HEALTH DEPARTMENT**  
**GROUP CARE**  
**INSPECTION REPORT**

UserId: Donovan SA

Geocoded 26.006257/-80.182221

- PURPOSE:**
- ROUTINE
  - CONSTRUCT.
  - COMPLAINT
  - QA SURVEY
  - OTHER
  - REINSPECTION
  - CHANGE OF OWNER
  - CONSULTATION
  - EPIDEMIOLOGY
  - PREOPENING

TYPE: Assisted Living Facility



CAPACITY	NUMBER PRESENT
6	5

NAME: ~~XXXXXXXXXXXX~~  
 ADDRESS: ~~XXXXXXXXXXXX~~ CITY: ~~XXXXXXXXXX~~  
 OWNER: ~~XXXXXXXXXXXX~~ ZIP: ~~XXXXXX~~  
 PERSON IN CHARGE: ~~XXXXXXXXXXXX~~ PHONE: ~~XXXXXXXXXXXX~~  
 EMAIL: ~~XXXXXXXXXXXX~~

- RESULTS:**
- Satisfactory
  - Incomplete
  - Unsatisfactory
  - OUT OF BUSINESS

- Correct Violations by
- Next Inspection
  - 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:40	10:00	05/21/2015	<del>XXXXXX</del>	<del>XXXXXXXXXXXX</del>

RE-INSPECTION DATE

*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapter 64E-12 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12, FAC, and Chapters 381 and 386, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

<b>WATER SUPPLY</b> <input type="checkbox"/> 1. Approved System <input type="checkbox"/> 2. Operation <input type="checkbox"/> 3. Bacteriological/Chemical <input type="checkbox"/> 4. DO NOT USE <input type="checkbox"/> 5. Water Accessible <input type="checkbox"/> 6. Temperature/Supply <b>FOOD SERVICE</b> <input type="checkbox"/> 7. Source/Wholesome <input type="checkbox"/> 8. Preparation/Protection <input type="checkbox"/> 9. Equipment <input type="checkbox"/> 10. Holding & Cooking Temps <input type="checkbox"/> 11. DO NOT USE <input type="checkbox"/> 12. Storage	<input type="checkbox"/> 13. Hand Sink/Hot Water <input type="checkbox"/> 14. Warewashing & Cleaning <input type="checkbox"/> 15. DO NOT USE <input type="checkbox"/> 16. Food Other <b>HOUSING</b> <input type="checkbox"/> 17. Maintenance <input type="checkbox"/> 18. Construction <input type="checkbox"/> 19. DO NOT USE <input type="checkbox"/> 20. Cleaning/Odors <input type="checkbox"/> 21. Lighting/Ft. Candles <input type="checkbox"/> 22. Plumbing <input type="checkbox"/> 23. Inside Temperature <input type="checkbox"/> 24. Sanitary Facilities <input type="checkbox"/> 25. Sewage	<b>VERMIN CONTROL</b> <input type="checkbox"/> 26. DO NOT USE <input type="checkbox"/> 27. Infestation/Presence <input type="checkbox"/> 28. Screening <b>BEDDING, TOWELS, &amp; PERSONAL ITEMS</b> <input type="checkbox"/> 29. Beds <input type="checkbox"/> 30. Linens <input type="checkbox"/> 31. Storage <input type="checkbox"/> 32. Personal Space <b>LAUNDRY</b> <input type="checkbox"/> 33. Separations/Transport <input type="checkbox"/> 34. Vented	<b>MEDICATIONS OR TOXIC SUBSTANCES</b> <input type="checkbox"/> 35. DO NOT USE <input type="checkbox"/> 36. Storage/Locked <b>GARBAGE/RUBBISH</b> <input type="checkbox"/> 37. Collection <input type="checkbox"/> 38. Storage/Container <input type="checkbox"/> 39. Disposal <b>RECREATIONAL AREA</b> <input type="checkbox"/> 40. Safe <input type="checkbox"/> 41. Drained/Litter/Trash <input type="checkbox"/> 42. DO NOT USE <input type="checkbox"/> 43. Water Safety	<b>RADON TESTING</b> <input type="checkbox"/> 44. DO NOT USE <b>ANIMAL HEALTH &amp; SAFETY</b> <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <b>OTHER 64E-12</b> <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53
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**COMMENTS AND INSTRUCTIONS**

MILK 39F  
 HOT WATER 104F  
  
 NO VIOLATIONS OBSERVED AT TIME OF INSPECTION/FACILITY IS WELL KEPT AND MAINTAINED

INSPECTION CONDUCTED BY: ~~XXXXXXXXXXXX~~ PHONE: ~~(954) 467-4700 ext 3651~~  
 INSPECTION COND SIGNATURE: ~~XXXXXXXXXXXX~~ PHONE 2: ~~(954) 467-4700 ext 3651~~  
 COPY OF REPORT RECEIVED BY: ~~XXXXXXXXXXXX~~ DATE: ~~XXXXXX~~