



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 11, 2013

Administrator
Mayflower, The
725 NW Santa Fe Boulevard
High Springs, FL 32655

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 2, 2013 by a representative of this office. Enclosed is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

65FO



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964997	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2013
NAME OF PROVIDER OR SUPPLIER MAYFLOWER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 725 NW SANTA FE BLVD HIGH SPRINGS, FL 32655		
(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 unannounced Biennial Licensure survey (Abbreviated) was conducted on 5/1/13 of the Mayflower Assisted Living Facility located at 725 NW Santa Fe Blvd. High Springs, Florida 32655 . The facility was found to be in substantial compliance.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

RKP211

If continuation sheet 1 of 1