

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966104	(X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER Gardens At Hidden Hammocks (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 5182 Nw 58th Terrace Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A Complaint Inspection (CCR# 2013007017) was conducted at The Garden Hidden Hammock, an Assisted Living Facility, on 07/10/2013 through 07/11/2013. Deficient practice was not identified in relation to the compliant.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 29, 2013

Administrator
Gardens At Hidden Hammocks (the)
5182 NW 58th Terrace
Coral Springs, FL 33067

Re: CCR #2013007017

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 11, 2013 by a representative from 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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