STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964459	**08/06/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Citrus Garden Alf	**4805 East Lake Drive Winter Springs, FL 32708**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
8/6/13 conducted Assisted Living Facility complaint inspection CCR#2013004223 in conjunction with the follow up to 6/13/13 Assisted Living Facility complaint inspection CCR#2013003099. CCR#2013004223 was not substantiated.

Citrus Gardens ALF had no deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2013

Administrator
Citrus Garden Alf
4805 East Lake Drive
Winter Springs, FL 32708

Re: CCR #2013004223

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 6, 2013 by representative(s) 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.

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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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