



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2013

Administrator
The Alternative
20714 Chestnut Street
Dunnellon, FL 34431

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 6, 2013 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968513	(X3) DATE SURVEY COMPLETED 08/06/2013
NAME OF PROVIDER OR SUPPLIER The Alternative	STREET ADDRESS, CITY, STATE, ZIP CODE 20714 Chestnut St Dunnellon, FL 34431	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An initial survey was conducted at The Alternative assisted living facility on August 6, 2013. No discernible deficiencies were identified. The facility was in compliance with 429.01-429.54, Part I & 408, Part II, Florida Statutes, and 58A-5 & 59A-35, Florida Administrative Code.