



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 21, 2013

Administrator  
Superior Residences of Lecanto  
4865 West Gulf To Lake Highway  
Lecanto, FL 34461

**Re: CCR #2013006085**

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 13, 2013 by a representative of this office. Enclosed 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 surveyor. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure

8JK1



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/21/2013  
FORM APPROVED

|                                                                                                        |                                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968372</b>                                | (X3) DATE SURVEY COMPLETED<br><br><b>08/13/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Superior Residences Of Lecanto</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>4865 West Gulf To Lake Highway<br/>Lecanto, FL 34461</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                          |                                                     |

0000-Initial Comments

On August 13, 2013 an unannounced compliance survey, CCR#2013006085, was conducted at Superior Residence of Lecanto located in Lecanto, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.