



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2013

Administrator
Hidden Pines
1840 SW 31 Avenue
Ocala, FL 34478

Re: CCR #2013005613

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 22, 2013 by representative(s) 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(s). Should you have any questions, please contact 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: 09/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943018	(X3) DATE SURVEY COMPLETED 08/22/2013
NAME OF PROVIDER OR SUPPLIER Hidden Pines	STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Sw 31 Avenue Ocala, FL 34478	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On August 22, 2013 an unannounced compliance survey CCR#2013005613 was conducted at Hidden Pines Assisted Living Facility located in Ocala, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.