

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968552	(X3) DATE SURVEY COMPLETED 09/17/2013
NAME OF PROVIDER OR SUPPLIER Family Home Care Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 6214 N Thatcher Ave Egypt Lake, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 9/17/13.

The Family Home Care ALF, had no deficiencies at the time of the visit.

A recommendation for a Standard license with a capacity of 6 beds is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 18, 2013

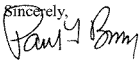
Administrator
Family Home Care ALF
6214 N Thatcher Ave
Egypt Lake, FL 33614

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on September 17, 2013, by a representative of this office. Attached 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.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,


for
Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

