STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967971	**09/04/2013**
NAME OF PROVIDER OR SUPPLIER **Florida Assistant Living Organization Lake Shore**	STREET ADDRESS, CITY, STATE, ZIP CODE **585 Lake Shore Drive Madison, FL 32340**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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0000-Initial Comments
On 9/4/13 an unannounced complaint survey CCR 2013007983 was conducted in conjunction with a LNS monitoring visit at Florida Assistant Living Organization, Lakeshore. No deficiencies were found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2013

Administrator
Florida Assistant Living Organization Lake Shore
585 Lake Shore Drive
Madison, FL 32340

Re: CCR #2013007983

Dear Administrator:

This letter reports the findings of a complaint survey and limited nursing services monitoring completed on September 4, 2013 by a representative 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. **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 me at 850-412-4540.

Sincerely,

Patricia McGuire RN

Jonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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