

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965241	(X3) DATE SURVEY COMPLETED 08/28/2013
NAME OF PROVIDER OR SUPPLIER Stanley House	STREET ADDRESS, CITY, STATE, ZIP CODE 718 Walton Rd Defuniak Springs, FL 32433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted on 08/28/13 at the Stanley House Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2013

Administrator
Stanley House
718 Walton Rd
Defuniak Springs, FL 32433

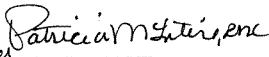
Dear Administrator:

This letter reports findings of a state licensure survey for limited nursing services that was conducted on August 28, 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 me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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