



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2013

Administrator
Mayflower, The
725 NW Santa Fe Boulevard
High Springs, FL 32655

Re: CCR #2013007996

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 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

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AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964997	(X3) DATE SURVEY COMPLETED 09/13/2013
NAME OF PROVIDER OR SUPPLIER Mayflower, The	STREET ADDRESS, CITY, STATE, ZIP CODE 725 Nw Santa Fe Blvd High Springs, FL 32655	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Assisted Living Facility (ALF) complaint survey was conducted at The Mayflower in High Spring, Florida, on September 13, 2013. The facility was in compliance with 429.01-429.54, Part I & 408, Part II, Florida Statutes; and 58 A-5 & 59 A-35, Florida Administrative Code.