STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968055	**09/30/2013**
NAME OF PROVIDER OR SUPPLIER **Nuvista Living At Wellington Green**	STREET ADDRESS, CITY, STATE, ZIP CODE **10334 Sevonshire Blvd Wellington, FL 33414**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#: 2013006228) was conducted in conjuction with the biennial relicensure inspection on 09/30/2013. The complaint allegation was not substantiated. Nuvista Living at Wellington Green , had no licensure deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 4, 2013

Administrator
Nuvista Living At Wellington Green
10334 Sevonshire Blvd
Wellington, FL 33414

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 30, 2013 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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