

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964507	(X3) DATE SURVEY COMPLETED 08/19/2013
NAME OF PROVIDER OR SUPPLIER Autumn House	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 Spyglass Hill Road Viera, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

8/19/13 An abbreviated biennial relicensure survey w/ECC/LNS was completed. There were no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 4, 2013

Administrator
Autumn House
7999 Spyglass Hill Road
Viera, FL 32940

RE: Abbreviated Biennial relicensure w/ECC/LNS

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 19, 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

