



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2013

Administrator
Burnes Cottage
1315 North James Page Point
Lecanto, FL 34461

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 3, 2013 by a representative of this office. Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

IGGN



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/07/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911199	(X3) DATE SURVEY COMPLETED 10/03/2013
NAME OF PROVIDER OR SUPPLIER Burnes Cottage	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 N James Page Pt Lecanto, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced abbreviated Biennial Licensure Survey was conducted on 10/3/13 for Burnes Cottage Assisted Living Facility 1368 N. James Page Pt. Lecanto, Florida 34461.
No deficiencies were identified at the time of this survey. The facility is in compliance with Chapter 429, Part I, Chapter 408, Part II Florida Statutes and Chapter 58A-5 Florida Administrative Code.