

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967173	(X3) DATE SURVEY COMPLETED 10/04/2013
NAME OF PROVIDER OR SUPPLIER Southern Lifestyle Alf Of Lake Placid	STREET ADDRESS, CITY, STATE, ZIP CODE 1297 Us 27 North Lake Placid, FL 33852	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 2013006990, was conducted 10/02/13 through 10/04/13.

The Southern Lifestyle Assisted Living Facility of Lake Placid had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 14, 2013

Administrator
Southern Lifestyle ALF of Lake Placid
1297 Us 27 North
Lake Placid, FL 33852

Re: CCR# 2013006990

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 2-4, 2013, by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyors. Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

