

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911279	(X3) DATE SURVEY COMPLETED 10/07/2013
NAME OF PROVIDER OR SUPPLIER Ann-Way Assisted Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 Forest City Road Orlando, FL 32810	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection CCR#2013009458 was conducted 09/06/2013 and on 10/07/2013. No deficiencies were identified during the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 24, 2013

Administrator
Ann-Way Assisted Living, Inc
8207 Forest City Road
Orlando, FL 32810

Re: CCR #2013009458

Dear Administrator:

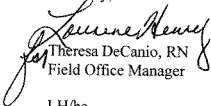
This letter reports the findings of a complaint survey completed on October 7, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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 surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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