

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL 11968559	(X3) DATE SURVEY COMPLETED 11/18/2013
NAME OF PROVIDER OR SUPPLIER Florida Assisted Living Facility Of Perry	STREET ADDRESS, CITY, STATE, ZIP CODE 105 Sandra St Perry, FL 32348	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An initial licensure survey was conducted at Florida Assisted Living Facility of Perry on 11/18/13. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2013

Administrator
Florida Assisted Living Facility Of Perry
105 Sandra St
Perry, FL 32348

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on November 18, 2013 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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