

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/12/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966489	(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER Wesley Haven Villa	STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Wright Street Pensacola, FL 32501	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint survey for CCR 2013012019 in conjunction with a Limited Nursing Services monitoring visit was conducted at Wesley Haven Villa on 12/10/13. No deficient practice was found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 12, 2013

Administrator
Wesley Haven Villa
111 East Wright Street
Pensacola, FL 32501

Re: CCR #2013012019

Dear Administrator:

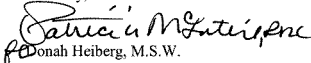
This letter reports the findings of a complaint survey and limited nursing services monitoring visit completed on December 10, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

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