



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2013

Administrator
Highland Terrace
700 Medical Court East
Inverness, FL 34452

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 19, 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.

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/bh
Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964467	(X3) DATE SURVEY COMPLETED 12/19/2013
NAME OF PROVIDER OR SUPPLIER Highland Terrace	STREET ADDRESS, CITY, STATE, ZIP CODE 700 Medical Court East Inverness, FL 34452	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced visit to conduct a Change of Ownership survey was conducted on 12/18-19/13. No Deficiencies were identified at this time.