STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967971	**01/06/2014**
NAME OF PROVIDER OR SUPPLIER **Florida Assistant Living Organization Lake Shore**	STREET ADDRESS, CITY, STATE, ZIP CODE **585 Lake Shore Drive Madison, FL 32340**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted at Florida Assisted Living Organization Lakeshore on January 6, 2014. No deficiencies were identified at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 15, 2014

Administrator
Florida Assistant Living Organization Lake Shore
585 Lake Shore Drive
Madison, FL 32340

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on January 6, 2014 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

1GGN

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