

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/31/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968449	(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER Hidden Lakes Living, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 54th Ave W, Bradenton Bradenton, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-01/23/2014
0030-Resident Care - Rights & Facility Procedures-01/23/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 31, 2014

Administrator
Hidden Lakes Living, LLC
1200 54th Ave W, Bradenton
Bradenton, FL 34207

Dear Administrator:

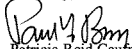
This letter reports the findings of a state licensure survey revisit and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) conducted on January 23, 2014, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicate the previously cited deficiencies were found corrected on the day of the revisit, and no deficiencies were identified relative to the CHOW 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

