STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	**02/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	**1800 South Drive Lake Worth, FL 33461**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A unannounced Financial Monitoring visit was conducted in 2/18/2014. The Village on High Ridge assisted living facility had no deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2014

Administrator
The Village On High Ridge
1800 South Drive
Lake Worth, FL 33461

Dear Administrator:

This letter reports findings of a Financial Monitoring Visit that was conducted on February 18, 2014 by a representative of this office. Attached is the provider's copy of the State 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 this offcie at (561) 381-5840.

Sincerely,

Arlene Mayo Davis
Field Office Manager

AMD/kdd
Enclosure

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