

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964933	(X3) DATE SURVEY COMPLETED 02/08/2014
NAME OF PROVIDER OR SUPPLIER Serenity House Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 15322 Matis Road Hudson, FL 34669	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-02/08/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 27, 2014

Administrator
Serenity House Assisted Living Facility
15322 Matis Road
Hudson, FL 34669

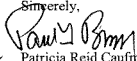
Dear Administrator:

This letter reports the findings of a second state licensure survey revisit and a state licensure survey revisit that were conducted on February 5-8, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected and the deficiencies that were uncorrected. Section 408.811(4), Florida Statutes, requires that you correct these uncorrected deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 ((5000-3547) Forms

