STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965241	**01/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stanley House	**718 Walton Rd Defuniak Springs, FL 32433**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Amended 5000-3547 - Survey Date Corrected

0000-Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted on 1/10/14 at Stanley House Assisted Living Facility in Defuniak Springs, FL. A complaint survey, CCR 2014000276, was conducted in conjunction with the LNS survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2014

Amended: Survey Date Corrected

Administrator
Stanley House
718 Walton Rd
Defuniak Springs, FL 32433

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services Monitoring Survey that was conducted on January 10, 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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