



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 27, 2014

Administrator
Henderson House
907 E. Orange Avenue
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 21, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932557	(X3) DATE SURVEY COMPLETED 02/21/2014
NAME OF PROVIDER OR SUPPLIER Henderson House	STREET ADDRESS, CITY, STATE, ZIP CODE 907 E. Orange Avenue Eustis, FL 32726	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-02/21/2014

On February 21, 2014 an unannounced Follow-up to the Biennial Licensure survey was conducted at Henderson House located in Eustis, Florida. All deficiencies identified during the survey were corrected.