



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 10, 2014

Administrator  
Nature Coast Lodge, LLP  
279 North Lecanto Highway  
Lecanto, Florida 34461

Re: CCR #2014000927

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 27, 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/10/2014  
FORM APPROVED

|                                                                                                        |                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964613</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>02/27/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nature Coast Lodge, Llp</b>                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>279 N. Lecanto Hwy<br/>Lecanto, FL 34461</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

0000-Initial Comments

An unannounced Complaint Survey CCR #2014000927 was conducted at Nature Coast Lodge in Lecanto, Florida on February 26 - 27, 2014. Licensure deficiencies were not identified as a result of this complaint survey only. The facility was in compliance at the time of the survey.