

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 04/07/2014  
FORM APPROVED

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11963926</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>03/24/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Heather Haven II</b>                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>220 Scotland Street<br/>Dunedin, FL 34698</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                               |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on 3/24/14.

The Heather Haven II, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 7, 2014

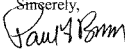
Administrator  
Heather Haven II  
220 Scotland Street  
Dunedin, FL 34698

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on March 24, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,  
  
for Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

