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|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932406</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>04/28/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>All Seasons Assisted Living</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>509 W. Verona Street<br/>Kissimmee, FL 34741</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Complaint inspection #2014001860 was conducted on 4/28/14. All Seasons had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 14, 2014

Administrator  
All Seasons Assisted Living  
509 W. Verona Street  
Kissimmee, FL 34741

**Re: CCR #2014001860**

Dear Administrator:

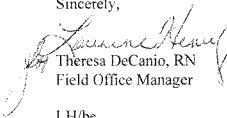
This letter reports the findings of a complaint survey completed on April 28, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

