

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964459	(X3) DATE SURVEY COMPLETED 05/01/2014
NAME OF PROVIDER OR SUPPLIER Citrus Garden Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 4805 East Lake Drive Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Complaint Inspection #2014000517 was conducted on 5/1/14.

Citrus Garden Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 14, 2014

Administrator
Citrus Garden Alf
4805 East Lake Drive
Winter Springs, FL 32708

Re: CCR #2014000517

Dear Administrator:

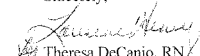
This letter reports the findings of a complaint survey completed on May 1, 2014 by representative(s) of this office.

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

