



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2014

Administrator
Misty Meadows
103 NW 298th Street
Newberry, FL 32669

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on April 30, 2014 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932407	(X3) DATE SURVEY COMPLETED 04/30/2014
NAME OF PROVIDER OR SUPPLIER Misty Meadows	STREET ADDRESS, CITY, STATE, ZIP CODE 103 Nw 298th Street Newberry, FL 32669	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 04/30/2014, an unannounced Change of Ownership licensure survey was conducted at Misty Meadows Assisted Living Facility in Newberry, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.