STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910564	**06/24/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Living For Seniors	**765 Ne Delphinium Drive Madison, FL 32340**

SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0000-Initial Comments
On 6/24/14 an unannounced limited nursing services (LNS) monitoring survey was conducted at Southern Living for Seniors in Madison, FL. No deficiencies were identified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 26, 2014

Administrator
Southern Living For Seniors
765 Ne Delphinium Drive
Madison, FL 32340

Dear Administrator:

This letter reports findings of a state licensure limited nursing services monitoring survey that was conducted on June 24, 2014 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGriff, RNC
for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

1GGN