

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967971	(X3) DATE SURVEY COMPLETED 08/27/2014
NAME OF PROVIDER OR SUPPLIER Florida Assistant Living Organization Lake Shore	STREET ADDRESS, CITY, STATE, ZIP CODE 585 Lake Shore Drive Madison, FL 32340	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 8/27/14 an unannounced biennial licensure survey including limited nursing services and limited mental health was attempted at Florida Assistant Living Organization Lakeshore. There are currently no residents residing at this facility. An interview with the owner revealed there have been no residents residing in the facility since June of 2013. The owner provided a letter stating he is not renewing the license for this facility.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 28, 2014

Administrator
Florida Assistant Living Organization Lake Shore
585 Lake Shore Drive
Madison, FL 32340

Dear Administrator:

On August 27, 2014 the Biennial licensure survey was attempted by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there are no residents living at this facility. The owner is not renewing the facility license.

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,


Donah Heiberg, M.S.W.
Field Office Manager

Enclosure

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