STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	08/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maple Leaf Assisted Living	**24 Mead Place Stuart, FL 34997**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-08/25/2014
0057-Medication - Over The Counter (otc) Products-08/25/2014
0078-Staffing Standards - Staff-08/25/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the Relicensure survey was conducted on 08/25/2014 at Maple Leaf Assisted Living Facility. No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 08, 2014

Administrator
Maple Leaf Assisted Living
24 Mead Place
Stuart, FL 34997

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 25, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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