STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964933	**09/05/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity House Assisted Living Facility	**15322 Matis Road Hudson, FL 34669**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A monitoring visit for facility closure was conducted at Serenity House Assisted Living Facility on 09/05/14. The building was vacant.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2014

Administrator
Serenity House Assisted Living Facility
15322 Matis Road
Hudson, FL 34669

Dear Administrator:

This letter reports findings of a monitoring visit for closure that was conducted on September 5, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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