

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967960	(X3) DATE SURVEY COMPLETED 09/08/2014
NAME OF PROVIDER OR SUPPLIER A New Age Of Senior Care At Wellington, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1074 C/d Hyacinth Place Wellington, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Relicensure survey was conducted on 09/08/2014 at A new Age of Senior Care At Wellington. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2014

Administrator
A New Age Of Senior Care At Wellington, Inc
1074 C/d Hyacinth Place
Wellington, FL 33414

Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on September 8, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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