

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910568	(X3) DATE SURVEY COMPLETED 09/19/2014
NAME OF PROVIDER OR SUPPLIER Garden View Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 526 N. Mary Ella Ave. Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On September 11, 2014, at Garden View Assisted Living Facility, an investigation complaint CCR#2014007546 was conducted in conjunction with a revisit to CCR 2014066102. The investigation was continued on September 19, 2014. At the time of the investigation there were no deficient practices identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 23, 2014

Administrator
Garden View Alf
526 N. Mary Ella Ave.
Panama City, FL 32404

RE: CCR #2014007546 and 2014066102

Dear Administrator:

This letter reports the findings of a revisit survey and a complaint survey completed on September 11, 2014 and September 19, 2014 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyors. Should you have any questions, please contact me at 850-412-4540.

Sincerely,


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

DH/kb
Enclosure

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