STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911669	**09/24/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homestead Village Retirement Community	**7830 Pine Forest Road Pensacola, FL 32526**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On September 23-24, 2014 an unannounced complaint Survey (CCR#2014007115) in conjunction with a Biennial/Extended Congregate Care Monitoring Survey was conducted at Homestead Village Assisted Living Facility. At the time of survey the allegations were not substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 30, 2014

Administrator
Homestead Village Retirement Community
7830 Pine Forest Road
Pensacola, FL 32526

RE: CCR #2014007115

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 24, 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,

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

DH/pm
Enclosure

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Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida