

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910052	(X3) DATE SURVEY COMPLETED 09/11/2014
NAME OF PROVIDER OR SUPPLIER Lake Howard Heights	STREET ADDRESS, CITY, STATE, ZIP CODE 650 North Lake Howard Drive Winter Haven, FL 33881	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014006165, was conducted on 09/11/14.

Lake Howard Heights, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 22, 2014

Administrator
Lake Howard Heights
650 North Lake Howard Drive
Winter Haven, FL 33881

RE: CCR# 2014006165

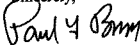
Dear Administrator:

This letter reports the findings of a complaint survey completed on September 11, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

