

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910011	(X3) DATE SURVEY COMPLETED 10/27/2014
NAME OF PROVIDER OR SUPPLIER Villa At Carpenters (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Carpenter's Way Lakeland, FL 33809	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An Extended Congregate Care (ECC) monitoring survey was conducted in conjunction with a Complaint investigation survey. CCR# 2014009587 on 10/27/14.

Villa at Carpenters, assisted living facility, had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 30, 2014

Administrator
Villa At Carpenters (the)
1001 Carpenter's Way
Lakeland, FL 33809

RE: CCR #2014009587 & ECC Monitoring Visit

Dear Administrator:

This letter reports the findings of a complaint survey & a Extended Congregate Care (ECC) monitoring visit, completed on October 27, 2014 by representative(s) 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.

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/clt
Enclosure: State (5000-3547) Form

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