

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965538	(X3) DATE SURVEY COMPLETED 11/10/2014
NAME OF PROVIDER OR SUPPLIER Hawthorne Inn Lakeland	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 Lakeland Highlands Road Lakeland, FL 33813	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

0078-Staffing Standards - Staff 58A-5.019(2) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 10, 2014

Administrator
Hawthorne Inn Lakeland
6150 Lakeland Highlands Road
Lakeland, FL 33813

Dear Administrator:

This letter reports the findings of a Extended Congregated Care (ECC) monitoring follow-up (desk review) conducted on November 10, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,
Paul Brown
for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State Form (5000-3547)

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