

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965241	(X3) DATE SURVEY COMPLETED 11/14/2014
NAME OF PROVIDER OR SUPPLIER Stanley House	STREET ADDRESS, CITY, STATE, ZIP CODE 718 Walton Rd Defuniak Springs, FL 32433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-11/14/2014

0000-Initial Comments

A follow up survey of the 09/25/14 biennial survey was conducted on 11/14/14 at the Stanley House Assisted Living Facility. The deficiency was cleared.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 14, 2014

Administrator
Stanley House
718 Walton Rd
Defuniak Springs, FL 32433

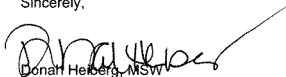
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 14, 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 revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,


Donald Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

