

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965129	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER Berry Hill Manor Retirement Center	STREET ADDRESS, CITY, STATE, ZIP CODE 5544 Swanner Rd. Milton, FL 32570	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A biennial licensure survey was conducted with LNS Monitoring visit on 11/12/2014-11/13/2014 at Berry Hill Manor Retirement Center. At the time of survey the facility had no deficiencies.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2014

Administrator
Berry Hill Manor Retirement Center
5544 Swanner Rd.
Milton, FL 32570

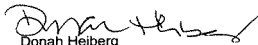
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 13, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

