

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965596	(X3) DATE SURVEY COMPLETED 11/03/2014
NAME OF PROVIDER OR SUPPLIER Heart Of Florida Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 301 South 10th Street Haines City, FL 33844	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced Extended Congregate Care monitoring visit was conducted on 11/3/14, in conjunction with an unannounced Complaint survey (CCR#2014007992-Aspen # HITD11).

The Heart of Florida Assisted Living, assisted living facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 13, 2014

Administrator
Heart Of Florida Assisted Living
301 South 10th Street
Haines City, FL 33844

RE: CCR #2014007992 & ECC Survey

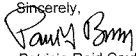
Dear Administrator:

This letter reports the findings of a complaint survey and a Extended Congregated Care (ECC) monitoring completed on November 3, 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 Kaufman
Field Office Manager

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

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