RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2014

Administrator
Hidden Pines
1840 SW 31 Avenue
Ocala, FL 34478

Dear Administrator:

This letter reports the findings of a desk review that was conducted on December 11, 2014 as follow-up to a biennial licensure survey with Limited Mental Health by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943018	**12/11/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Pines	**1840 Sw 31 Avenue Ocala, FL 34478**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-12/11/2014

0000-Initial Comments

On 12/11/2014 a desk review was conducted as follow-up to a biennial licensure survey with Limited Mental Health for Hidden Pines, an assisted living facility, in Ocala, FL. The previously cited deficiency was cleared.