STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968449	12/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Lakes Living, Llc	**1200 54th Ave W, Bradenton Bradenton, FL 34207**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two unannounced Complaint surveys CCR# 2014009978 & 2014010284 were conducted on 12/8/14.

The Hidden Lakes Living, Assisted Living Facility, had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 18, 2014

Administrator
Hidden Lakes Living, Llc
1200 54th Ave W, Bradenton
Bradenton, FL 34207

RE: CCR #2014010284 & 2014009978

Dear Administrator:

This letter reports the findings of two complaint surveys completed on December 8, 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 (850) 412-4501.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

Florida Qies Helpdesk
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