

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968231	(X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER Debra's Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 E Louise Ave Seminole Heights, FL 33603	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A Complaint Investigation CCR#2014009579 was conducted on 12/10/14.

The Debra's Assisted Living Facility had no deficiencies found at the time of this visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 19, 2014

Administrator
Debra's Assisted Living Facility
1314 E Louise Ave
Seminole Heights, FL 33603

RE: CCR #2014009579

Dear Administrator

This letter reports the findings of a complaint survey completed on December 10, 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.shtm> 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,

Paul Brown
for Patricia Reid Cauffman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

