RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2014

Administrator
Leisure Manor Alf
301 South Main Avenue
Minneola, FL 34755

Dear Administrator:

This letter reports findings of a Limited Nursing Services monitoring visit that was conducted on November 20, 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 Kriste J. Mennella at (386) 462-6201.

Sincerely,

for
Kriste J. Mennella
Field Office Manager

KJM/jjh
Enclosure

1GGN

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	**11/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leisure Manor Alf	**301 South Main Avenue Minneola, FL 34755**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing services monitoring visit was conducted at Leisure Manor, an assisted living facility, on 11/20/2014. Deficient practice was not identified at the time of the survey.