

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910546	(X3) DATE SURVEY COMPLETED 01/02/2015
NAME OF PROVIDER OR SUPPLIER Varnum's Rest Home	STREET ADDRESS, CITY, STATE, ZIP CODE 12167 Nw Freeman Road Bristol, FL 32321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint survey was conducted at Varnum's Rest Home on 1/2/2015 located in Bristol, FL to review CCR 2014012484. No deficient practice was identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2015

Administrator
Varnum's Rest Home
12167 Nw Freeman Road
Bristol, FL 32321

RE: CCR #2014012484

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 2, 2015 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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