

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910312	(X3) DATE SURVEY COMPLETED 01/05/2015
NAME OF PROVIDER OR SUPPLIER Dayspring Village, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 542301 Us Highway #1 Hilliard, FL 32046	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

On January 5, 2015 a complaint investigation (CCR# 2014012499) was conducted at Dayspring Village, Inc. Assist Living Facility. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 8, 2015

Administrator
Dayspring Village, Inc.
542301 US Highway #1
Hilliard, FL 32046

RE: CCR #2014012499

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 5, 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.

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 this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIBP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/JM/sm
Enclosure

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