

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967795	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER Anguilla Cay Senior Living	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 North Ridge Road Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A monitoring visit was conducted on 02/04/15. Anguilla Cay Senior Living had no deficiencies issued at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2015

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Dear Administrator:

This letter reports findings of a State Licensure Monitoring Visit that was conducted on February 4, 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


to Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

1GGN

