

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968788	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER Goodheavens Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 124 Bellamy Trail Sebastian, FL 32958	
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

An initial Assisted Living Facility licensure survey for a capacity of 4 beds was conducted on February 20, 2015 at Goodheavens Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

March 4, 2015

Administrator
Goodheavens Assisted Living Facility
124 Bellamy Trail
Sebastian, FL 32958

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on February 20, 2015 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547

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