STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	**03/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Southern Lifestyle ALF Of Lake Placid	**1297 US 27 North Lake Placid, FL 33852**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

Assisted Living Facility

An unannounced Complaint survey (CCR# 2014011964) was conducted on 3/5/15.

The Southern Lifestyle ALF of Lake Placid, Assisted Living Facility, had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 11, 2015

Administrator
Southern Lifestyle ALF Of Lake Placid
1297 US 27 North
Lake Placid, FL 33852

RE: CCR #2014011964

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 5, 2015 by representative(s) 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(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul Brown

For Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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