

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910052	(X3) DATE SURVEY COMPLETED 03/16/2015
NAME OF PROVIDER OR SUPPLIER Lake Howard Heights	STREET ADDRESS, CITY, STATE, ZIP CODE 650 North Lake Howard Drive Winter Haven, FL 33881	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted on 3/16/15.

Lake Howard Heights, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 19, 2015

Administrator
Lake Howard Heights
650 North Lake Howard Drive
Winter Haven, FL 33881

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on March 16, 2015 by representative(s) 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.

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

PRC

Patricia Reid Cauffman
Field Office Manager

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

