

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910299	(X3) DATE SURVEY COMPLETED 03/26/2015
NAME OF PROVIDER OR SUPPLIER GROVES AT THE ALLIANCE COMMUNITY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 638 S WOODLAND BLVD DELAND, FL 32720	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring visit was conducted at The Groves At The Alliance Community in DeLand, FL on March 26, 2015. The area office received notification that you will be relinquishing your ECC license..



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2015

Administrator
The Groves At The Alliance Community
638 S Woodland Blvd.
DeLand, FL 32720

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on March 26, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates that notification was received that you will be relinquishing your ECC license.

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 call this office at (904) 798-4201.

Sincerely,

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

Enclosure
NH/JM/sm

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