STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	**04/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
AMBITIOUS ASSISTED LIVING	**3939 COUNTRY PL WINTER HAVEN, FL 33880**	

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

0000 - Initial Comments

Assisted Living Facility

Ambitious Assisted Living had no deficiencies at the time of visit.

An unannounced Biennial Survey with Limited Mental Health was conducted on 4/1/15.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 8, 2105

Administrator
Ambitious Assisted Living
3939 Country Place
Winter Haven, FL 33880

Dear Administrator:

This letter reports findings of a Biennial state licensure survey with Limited Mental Health (LMH) that was conducted on April 1, 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,

Paul H Brown

For Patricia Reid Caufman
Field Office Manager

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

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