

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932406	(X3) DATE SURVEY COMPLETED 03/20/2015
NAME OF PROVIDER OR SUPPLIER ALL SEASONS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 509 W. VERONA STREET KISSIMMEE, FL 34741	

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

0000 - Initial Comments

A complaint investigation (CCR#2015002738) was conducted on 3/20/15. All Seasons Assisted Living Facility, 509 West Verona Street, Kissimmee, Florida 34741 had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2015

Administrator
All Seasons Assisted Living
509 W. Verona Street
Kissimmee, FL 34741

RE: CCR #2015002738

Dear Administrator:

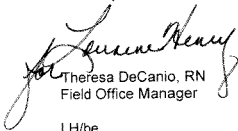
This letter reports the findings of a complaint survey completed on March 20, 2015 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

