

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/23/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968449	(X3) DATE SURVEY COMPLETED 04/16/2015
NAME OF PROVIDER OR SUPPLIER HIDDEN LAKES LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 54TH AVE W, BRADENTON BRADENTON, FL 34207	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR# 2015000711) was conducted on 4/16/15.

The Hidden Lakes Living, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 23, 2015

Administrator
Hidden Lakes Living, LLC
1200 54th Ave W. Bradenton
Bradenton, FL 34207

RE: CCR #2015000711

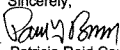
Dear Administrator:

This letter reports the findings of a complaint survey completed on April 16, 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,

for Patricia Reid Cauffman
Field Office Manager

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

