RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 29, 2015

Administrator
Gardens at Montverde LLC, The
15425 CR 455
Montverde, FL 34756

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 28, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/awm
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968455	R **04/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GARDENS AT MONTVERDE LLC, THE	**15425 CR 455 MONTVERDE, FL 34756**	

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

0000 - Initial Comments

An unannounced revisit to biennial licensure survey was conducted at Gardens of Montverde, an assisted living facility, on 04/28/2015. Deficient practice was not identified at the time of the survey. Previously cited deficiencies were cleared.