



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 15, 2015

Administrator
Sweetwater at Duck Pond ALF LLC
207 NE 7th Street
Gainesville, FL 32601

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 1, 2015 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968220	(X3) DATE SURVEY COMPLETED 05/01/2015
NAME OF PROVIDER OR SUPPLIER SWEETWATER AT DUCK POND ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 NE 7TH ST GAINESVILLE, FL 32601	

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

0000 - Initial Comments

An Extended Congregate Care monitoring visit was conducted at Sweetwater at Duck Pond on 05/01/2015. Deficient practice was not identified at the time of the survey as it pertains to this survey only.