

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965079	(X3) DATE SURVEY COMPLETED 05/19/2015
NAME OF PROVIDER OR SUPPLIER LINDSAY'S ALTERNATIVE CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5783 NW 48TH DRIVE CORAL SPRINGS, FL 33067	

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

0000 - Initial Comments

Unannounced licensure complaint surveys, CCR #2015001882 and CCR #2015003074, were conducted on 05/19/2015 at Lindsay's Alternative Care, Inc. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 02, 2015

Administrator
Lindsay's Alternative Care, Inc
5783 NW 48th Drive
Coral Springs, FL 33067

RE: CCR #2015001882 & CCR #2015003074

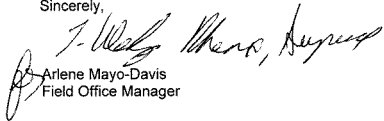
Dear Administrator:

This letter reports findings of a Complaint surveys that were conducted on May 19, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

