

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966523	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER HAWTHORN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HAWTHORN HOUSE DR SHALIMAR, FL 32579	

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

0000 - Initial Comments

A biennial Licensure and Limited Nursing Services survey was conducted at Hawthorne House Assisted Living Facility on May 27, 2015. No deficiencies were identified at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2015

Administrator
Hawthorn House
1200 Hawthorn House Dr
Shalimar, FL 32579

Dear Administrator:

This letter reports findings of a Biennial State Licensure and Limited Nursing Services monitoring survey that was conducted on May 27, 2015 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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