

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911251	(X3) DATE SURVEY COMPLETED 06/02/2015
NAME OF PROVIDER OR SUPPLIER FLORIDA PRESBYTERIAN HMS, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 16 LAKE HUNTER DRIVE LAKELAND, FL 33803	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Limited Nursing Services (LNS) monitoring visit was conducted on 6/2/15

Florida Presbyterian Homes, Inc., an Assisted Living Facility, had no deficiencies identified during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 8, 2015

Administrator
Florida Presbyterian Hms, Inc.
16 Lake Hunter Drive
Lakeland, FL 33803

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on June 2, 2015 by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for
Patricia Reid Kaufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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