

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910011	(X3) DATE SURVEY COMPLETED 06/09/2015
NAME OF PROVIDER OR SUPPLIER VILLA AT CARPENTERS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 CARPENTER'S WAY LAKELAND, FL 33809	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with extended congregate care (ECC) services was conducted on 6/09/15.

The Villa at Carpenters, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 11, 2015

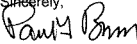
Administrator
Villa at Carpenters (The)
1001 Carpenter's Way
Lakeland, FL 33809

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with extended congregate care (ECC) services that was conducted on June 9, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

