

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910252	(X3) DATE SURVEY COMPLETED 07/02/2015
NAME OF PROVIDER OR SUPPLIER INN AT FREEDOM SQUARE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 10801 JOHNSON BLVD. SEMINOLE, FL 33772	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

Assisted Living Facility

Complaint survey CCR #2015002939 conducted on 7/2/15

Inn at Freedom Square (The) had no deficiencies as a result of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 10, 2015

Administrator
Inn At Freedom Square (the)
10801 Johnson Blvd.
Seminole, FL 33772

RE: CCR #2015002939

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Paul Brown, HFES at (727) 552-2000.

Sincerely,


for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

