RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 20, 2015

Administrator
Indian Shore Manor, LLC
1611 Indian Shore Drive
Clermont, FL 34711

RE: CCR #2015003899

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 15, 2015 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968587	**07/15/2015**
NAME OF PROVIDER OR SUPPLIER **INDIAN SHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1611 INDIAN SHORE DR** **CLERMONT, FL 34711**	

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

0000 Initial Comments

An unannounced Complaint survey, CCR #2015003899, was conducted at Indian Shore Manor in Clermont, Florida on July 15, 2015. Deficient practice was not identified at the time of the survey.