



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 23, 2015

Administrator
The Susan Rewis House
7216 NW 22nd Drive
Jennings, FL 32053

RE: CCR #2015007143

Dear Administrator:

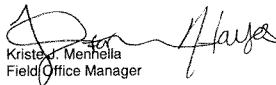
This letter reports the findings of a complaint survey completed on July 8, 2015 by a representative of this office.

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,


Kristel J. Menhella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/23/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965244	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER THE SUSAN REWIS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7216 NW 22ND DRIVE JENNINGS, FL 32053	

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

0000 Initial Comments

On July 8, 2015 a complaint investigation (CCR#2015007143) was conducted at The Susan Rewis House assisted living facility. There were no deficiencies identified at the time of the visit.