

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/28/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911145	(X3) DATE SURVEY COMPLETED 07/21/2015
NAME OF PROVIDER OR SUPPLIER ELDERLY LIVING CENTER OF HOLLY	STREET ADDRESS, CITY, STATE, ZIP CODE 810 OLEANDER HOLLY HILL, FL 32117	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2015006511, was conducted on July 21, 2015. Elderly Living Center of Holly Hill had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2015

Administrator
Elderly Living Center Of Holly
810 Oleander
Holly Hill, FL 32117

RE: CCR #2015006511

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 21, 2015 by a representative 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. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

A handwritten signature in dark ink, reading "Jana Meyering". The signature is fluid and cursive, with the first name "Jana" being more prominent.

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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