



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2015

Administrator
Southern Living For Seniors
765 NE Delphinium Drive
Madison, FL 32340

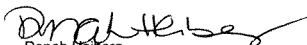
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 20, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 ME at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

DT9D



7/28/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11910564(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
7/20/2015

Name of Facility

SOUTHERN LIVING FOR SENIORS

Street Address, City, State, Zip Code

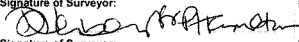
765 NE DELPHINIUM DRIVE
MADISON, FL 32340

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0093	Correction Completed 07/20/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.020(2) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:

Date:Signature of Surveyor:

Signature of Surveyor:Date:
7/20/15
Date:Followup to Survey Completed on:
5/18/2015Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910564	(X3) DATE SURVEY COMPLETED R 07/20/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS	STREET ADDRESS, CITY, STATE, ZIP CODE 765 NE DELPHINIUM DRIVE MADISON, FL 32340	

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

0000 Initial Comments

On 7/20/15 a follow up survey was conducted at Southern Living for Seniors. No deficiencies were cited.