AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910312	**07/31/2015**
NAME OF PROVIDER OR SUPPLIER **DAYSPRING VILLAGE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **542301 US HIGHWAY #1 HILLIARD, FL 32046**	

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

0000 Initial Comments

An unannounced biennial licensure survey with Limited Mental Health & a capacity increase survey was conducted on 7/31/15. Dayspring Village had no deficiencies at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 6, 2015

Administrator
Dayspring Village, Inc.
542301 Us Highway #1
Hilliard, FL 32046

Dear Administrator:

This letter reports findings of a state biennial licensure with Limited Mental Health and capacity increase survey that was conducted on July 31, 2015 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyors. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

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

JM/sm
Enclosure

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