



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 9, 2015

Administrator
Highland Place
700 Medical Court East
Inverness, FL 34452

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 27, 2015 by a representative of this office. Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/09/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964467	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER HIGHLAND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 700 MEDICAL COURT EAST INVERNESS, FL 34452	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Highland Place Assisted Living Facility in Inverness on May 26-27, 2015. No discernible deficiencies were identified. The facility was found in compliance at the time of this survey