STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968449	**08/14/2015**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT HIDDEN LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 54TH AVE W, BRADENTON** **BRADENTON, FL 34207**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) was conducted on 8/14/15.

Inspired Living at Hidden Lakes, assisted living facility, had no deficiencies at the time of visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 25, 2015

Administrator
Inspired Living At Hidden Lakes
1200 54th Ave W, Bradenton
Bradenton, FL 34207

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on August 14, 2015 by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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