

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964507	(X3) DATE SURVEY COMPLETED 08/24/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 SPYGLASS HILL ROAD VIERA, FL 32940	

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

0000 Initial Comments

Complaint Investigation #2015007572 was conducted on 8/24/15. Autumn House Assisted Living Facility had an allegation that was substantiated without deficiencies.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2015

Administrator
Autumn House
7999 Spyglass Hill Road
Viera, FL 32940

RE: CCR #2015007572 w/ECC/LNS

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 24, 2015 by representative(s) 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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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