

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968552	(X3) DATE SURVEY COMPLETED 08/24/2015
NAME OF PROVIDER OR SUPPLIER FAMILY HOME CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6214 N THATCHER AVE EGYPT LAKE, FL 33614	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on 8/24/15.

Family Home Care Assisted Living Facility, had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2015

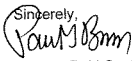
Administrator
Family Home Care ALF
6214 N Thatcher Ave
Egypt Lake, FL 33614

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on August 24, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

