



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2015

Administrator
Kiva Of Mount Dora
505 E. 9th Avenue
Mount Dora, FL 32757

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on August 17, 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

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/24/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922275	(X3) DATE SURVEY COMPLETED 08/17/2015
NAME OF PROVIDER OR SUPPLIER KIVA OF MOUNT DORA	STREET ADDRESS, CITY, STATE, ZIP CODE 505 E. 9TH AVENUE MOUNT DORA, FL 32757	

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

0000 Initial Comments

An unannounced abbreviated biennial licensure survey with Limited Nursing Services was conducted on 08/17/2015 at Kiva of Mt. Dora, an assisted Living Facility in Mt. Dora, FL. No deficient practices were identified at the time of the survey.