



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 9, 2015

Administrator
Sweetwater at Duck Pond ALF, LLC
207 NE 7th Street
Gainesville, FL 32601

Dear Administrator:

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

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/08/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968220	(X3) DATE SURVEY COMPLETED 08/27/2015
NAME OF PROVIDER OR SUPPLIER SWEETWATER AT DUCK POND ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 NE 7TH ST GAINESVILLE, FL 32601	

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

0000 Initial Comments

On 08/27/2015 unannounced ECC Monitoring survey was conducted at Sweetwater at Duck Pond Assisted Living Facility in Gainesville Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.