

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967173	(X3) DATE SURVEY COMPLETED 09/18/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIFESTYLE ALF OF LAKE PLACID	STREET ADDRESS, CITY, STATE, ZIP CODE 1297 US 27 NORTH LAKE PLACID, FL 33852	

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

0000 Initial Comments

Assisted Living Facility

A biennial licensure survey with Limited Nursing Services (LNS) was conducted on 9/18/15.

The Southern Lifestyle Senior Living Center Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 22, 2015

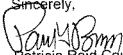
Administrator
Southern Lifestyle ALF Of Lake Placid
1297 Us 27 North
Lake Placid, FL 33852

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on September 18, 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,

Patricia Reid Kaufman
Field Office Manager

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

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