



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2015

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

RE: CCR #2015010125

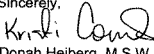
Dear Administrator:

This letter reports the findings of a complaint survey completed on September 29, 2015 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

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Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/06/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965159	(X3) DATE SURVEY COMPLETED 09/29/2015
NAME OF PROVIDER OR SUPPLIER SABAL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 CROSSVILLE STREET CANTONMENT, FL 32533	

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

0000 Initial Comments

An unannounced complaint survey was conducted at Sabal House on 9/29/2015 for CCR # 2015010125.
The complaint was substantiated without deficiencies.