STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968816	**09/14/2015**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE IV (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **30 FOREST CT** **ORMOND BEACH, FL 32174**	

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

D000 Initial Comments

An unannounced licensure complaint survey, CCR #2015006997, was conducted on September 14, 2015. Sarah House IV had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 12, 2015

Administrator
The Sarah House IV
30 Forest Court
Ormond Beach, FL 32174

RE: CCR #2015006997

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 14, 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.

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 this office at (904) 798-4201.

Sincerely,

Jana Meyering, QHP
Health Facility Evaluator Supervisor
Division of Health Quality Assonance

JS/JM/sm
Enclosure

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