

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/26/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968055	(X3) DATE SURVEY COMPLETED 10/13/2015
NAME OF PROVIDER OR SUPPLIER NUVISTA LIVING AT WELLINGTON GREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 10334 DEVONSHIRE BLVD WELLINGTON, FL 33414	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015010529, was conducted on 10/13/15 at NuVista Living At Wellington Green. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 26, 2015

Administrator
Nuvista Living At Wellington Green
10334 Devonshire Blvd
Wellington, FL 33414

RE: CCR #2015010529

Dear Administrator:

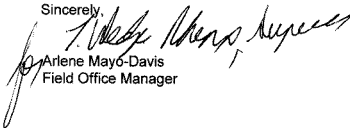
This letter reports the findings of a complaint survey completed on October 13, 2015 by a representative of this office.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

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