RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 29, 2015

Administrator
Seniorityville
1711 North Croft Avenue
Inverness, FL 34453

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 13, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

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Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968877	**10/13/2015**
NAME OF PROVIDER OR SUPPLIER **SENIORITYVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1711 N CROFT AVE** **INVERNESS, FL 34453**	

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

0000 Initial Comments

An announced initial licensure survey was conducted at Senioritville Assisted Living Facility in Inverness, FL on 10/13/2015. No licensure deficiencies were identified as a result of the survey.