

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 11/04/2015
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	

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

0000 Initial Comments

A complaint investigation (conducted #2014012251) was conducted at Aiden Springs Assisted Living Facility on 11/4/15. The complaint was previously investigated when CCR#2014012248 was conducted. Aiden Springs had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Administrator
Aiden Springs
5520 Howell Branch Road
Winter Park, FL 32792

RE: CCR #2014012251

Dear Administrator:

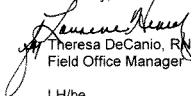
This letter reports the findings of a complaint survey completed on November 4, 2015 by representative(s) of this office.

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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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