

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/20/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965538	(X3) DATE SURVEY COMPLETED 11/09/2015
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	

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

0000 Initial Comments

On November 09, 2015 a Biennial survey with Extended Congregate Care was conducted at Hawthorne Inn Assist Living Facility. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 20, 2015

Administrator
Hawthorne Inn Lakeland
6150 Lakeland Highlands Road
Lakeland, FL 33813

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on November 9, 2015 by representative(s) of this office. Attached 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.

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 call **Paul Brown**, HFE Supervisor at (727) 552-2000.

Sincerely,

For

Patricia Ried Cauffman
Field Office Manager

PRC/aew
Enclosure

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