RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 9, 2015

Administrator
Mayflower, The
19880 North US Highway 441
High Springs, FL 32655

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 23, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547) which indicates the previously cited deficiencies were found corrected on the day of the revisit. **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,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

DT9D

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964997	R 11/23/2015
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19880 N US HWY 441** **HIGH SPRINGS, FL 32655**	

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

0000 Initial Comments

An unannounced second follow-up to a complaint survey, CCR #2015005976, was conducted on 11/23/15 at Mayflower ALF in High Springs, FL. The previously cited deficiency was cleared.