

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968404	(X3) DATE SURVEY COMPLETED 12/16/2015
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NAME OF PROVIDER OR SUPPLIER DAISY ASSISTED LIVING, LLC.	STREET ADDRESS, CITY, STATE, ZIP CODE 302 BORDEAUX AVE NE PALM BAY, FL 32909
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted on 12/16/15. Daisy Assisted Living had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 29, 2015

Administrator
Daisy Assisted Living, LLC
302 Bordeaux Ave NE
Palm Bay, FL 32909

RE: Limited Nursing Services survey

Dear Administrator:

This letter reports findings of a state licensure LNS monitoring survey that was conducted on December 16, 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 Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa DeCanio", with a stylized flourish at the end.

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

