



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2015

Administrator
Henderson House
907 E. Orange Avenue
Eustis, FL 32726

Dear Administrator:

This letter reports findings of a Change of Ownership state licensure survey that was conducted on December 14-15, 2015 by representative(s) 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.

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 Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/31/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932557	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER HENDERSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 907 E. ORANGE AVENUE EUSTIS, FL 32726	

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

0000 Initial Comments

On December 14-15, 2015 a change of ownership survey was conducted at the Henderson House assisted living facility. No deficient practice was found. The facility was in compliance at this time.