STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911251	**01/06/2016**
NAME OF PROVIDER OR SUPPLIER **FLORIDA PRESBYTERIAN HMS, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16 LAKE HUNTER DRIVE** **LAKELAND, FL 33803**	

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

0000 Initial Comments

Assisted Living Facility

An initial Extended Congregate Care (ECC) licensure survey was conducted on 1/06/16. The Florida Presbyterian Homes, Inc., Assisted Living Facility, had no deficiencies identified at the time of the visit. A recommendation to add an ECC license is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 8, 2016

Administrator
Florida Presbyterian Hms, Inc.
16 Lake Hunter Drive
Lakeland, FL 33803

Dear Administrator:

This letter reports the findings of an initial extended congregate care (ECC) state licensure survey conducted on January 6, 2016, 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**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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