



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

January 19, 2016

Administrator  
Syerra's Angels, Inc.  
8 Almond Place  
Ocala, FL 34472

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on January 19, 2016 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,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

DT9D



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 01/20/2016  
FORM APPROVED**

|                                                            |                                                                                       |                                                             |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968839</b>           | (X3) DATE SURVEY COMPLETED<br><b>R</b><br><b>01/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>SYERRA'S ANGELS INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8 ALMOND PL</b><br><b>OCALA, FL 34472</b> |                                                             |

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

**0000 Initial Comments**

A desk review was conducted on 1/19/16 as follow-up to a monitoring visit at Syerra's Angels, Inc., an assisted living facility located at 8 Almond Place, Ocala, Florida. The previously cited deficiency was cleared as a result of the desk review.