AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965317	**01/21/2016**
NAME OF PROVIDER OR SUPPLIER **NURSES HELPING HANDS OF DUNEDIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1585 CURLEW RD.** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility Complaint

An unannounced complaint investigation (CCR# 2015011269) was conducted on 1/6/16 & 1/21/16.

The Nurses Helping Hands of Dunedin, Assisted Living Facility, had no deficiencies at the time of the visits.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 25, 2016

Administrator
Nurses Helping Hands Of Dunedin
1585 Curlew Rd.
Dunedin, FL 34698

RE: CCR #2015011269

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 21, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caulman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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