STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	**02/02/2016**
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

0000 Initial Comments

A complaint survey (CCR # 2015011802) was conducted in conjunction with a second follow-up to the biennial survey, at Loving Angels Assisted Living Facility on 02/02/2016. Loving Angels had deficiencies cited as a result of the follow-up survey, unrelated to the complaint.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 8, 2016

Administrator
Loving Angels Assisted Living, Inc.
9 Ramble Way
Palm Coast, FL 32164

RE: CCR #2015011802

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 2, 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. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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