

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910630	(X3) DATE SURVEY COMPLETED 02/02/2016
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NAME OF PROVIDER OR SUPPLIER THE VILLAGE ON HIGH RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 SOUTH DRIVE LAKE WORTH, FL 33461
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint investigation, CCR #2015011777, was conducted on 02/02/2016 at The Village on High Ridge. The Village on High Ridge had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2016

Administrator
The Village On High Ridge
1800 South Drive
Lake Worth, FL 33461

RE: CCR #2015011777

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 2, 2016 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

[Signature]
for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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