STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	**02/15/2016**
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

0000 Initial Comments

An Initial Licensure Survey was conducted on 2/15/16. Senior Garden Assisted Living Facility did not have deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 16, 2016

Administrator
Senior Garden Assisted Living
4034 Eagle Feather Dr
Orlando, FL 32829

Dear Administrator:

This letter reports the findings of an **Initial Licensure** survey conducted on February 15, 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. **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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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