

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/25/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964292	(X3) DATE SURVEY COMPLETED 02/17/2016
NAME OF PROVIDER OR SUPPLIER SOUTHERN GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 255 E MAIN STREET LAKE ALFRED, FL 33850	

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

0000 Initial Comments

Assisted Living Facility

An initial limited mental health (LMH) survey was conducted on 2/17/16. The Southern Gardens, Assisted Living Facility had no deficiencies at the time of the visit. A recommendation to add a limited mental health license is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 24, 2016

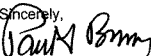
Administrator
Southern Gardens
255 E Main Street
Lake Alfred, FL 33850

Dear Administrator:

This letter reports the findings of an initial limited mental health (LMH) licensure survey conducted on February 17, 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.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

PRC
Patricia Reid Caulman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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