STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	**02/18/2016**
NAME OF PROVIDER OR SUPPLIER **FAMILY EXTENDED CARE OF MELBOURNE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

An unannounced Complaint Investigation #2015012322 was conducted in conjunction with Complaint Investigation #2016001384 on 2/9, 12, 13, 17 and 18/2016. The allegation was substantiated. Family Extended Care Assisted Living Facility had deficiencies at the time of the visit written under Complaint Investigation #2016001384.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 3, 2016

Administrator
Family Extended Care Of Melbourne, Inc
4001 Stack Boulevard
Melbourne, FL 32901

RE: CCR #2015012322

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 18, 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 complaint survey. However, the allegation was substantiated and deficiencies were cited under complaint #2016001384 done on this same date(s). **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 surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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