RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 14, 2016

Administrator
Specialty Care Services, Inc.
2925 NW 4th Avenue
Ocala, FL 34475

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on March 1, 2016 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

341J

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968937	**03/01/2016**
NAME OF PROVIDER OR SUPPLIER **SPECIALTY CARE SERVICES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2925 NW 4TH AVE** **OCALA, FL 34475**	

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

0000 Initial Comments

On March 1, 2016 an initial licensure and Limited Mental Health survey was conducted at Specialty Care Services Assisted Living Facility. No deficiency was identified at the time of the survey.