



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 26, 2016

Administrator
Hawthorn House
1200 Hawthorn House Dr
Shalimar, FL 32579

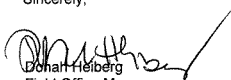
Dear Administrator:

This letter reports findings of a state licensure survey (LNS Monitoring) that was conducted on February 22, 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 me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966523	(X3) DATE SURVEY COMPLETED 02/22/2016
NAME OF PROVIDER OR SUPPLIER HAWTHORN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HAWTHORN HOUSE DR SHALIMAR, FL 32579	

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

0000 Initial Comments

An unannounced survey for a Limited Nursing Services monitoring visit was done on 02/22/2016 at the Hawthorn House Assisted Living Facility. There were no deficiencies found at the time of the survey.