



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 25, 2016

Administrator  
Vintage Care Senior Housing  
203 South Moody Road  
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on March 23, 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,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

341J



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 03/24/2016  
FORM APPROVED**

|                                                                    |                                                                                      |                                                     |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968974</b>          | (X3) DATE SURVEY COMPLETED<br><br><b>03/23/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>VINTAGE CARE SENIOR HOUSING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>203 S MOODY RD<br/>PALATKA, FL 32177</b> |                                                     |

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

**0000 Initial Comments**

On March 23, 2016 an initial licensure survey was conducted at Vintage Care Senior Living. Deficient practice was not identified during the survey.