

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910299	(X3) DATE SURVEY COMPLETED 03/31/2016
NAME OF PROVIDER OR SUPPLIER GROVES AT THE ALLIANCE COMMUNITY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 638 S WOODLAND BLVD DELAND, FL 32720	

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

0000 Initial Comments

On March 31, 2016 a biennial relicensure survey was conducted at The Groves at the Alliance Community. No deficient practice was identified at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 5, 2016

Administrator
The Groves At The Alliance Community
638 S Woodland Blvd.
DeLand, FL 32720

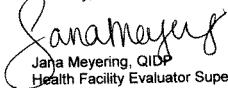
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 31, 2016 by representatives 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 surveyors. Should you have any questions please call this office at (904) 798-4201.

Sincerely,



Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure

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