

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964605	(X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER HAPPY ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 700 ANDERSON DRIVE BONIFAY, FL 32425	

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

0000 Initial Comments

On March 1, 2016 an unannounced complaint survey (CCR#2016001300) was conducted at Happy Acres Assisted Living Facility in Bonifay, FL. No deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 17, 2016

Administrator
Happy Acres
700 Anderson Drive
Bonifay, FL 32425

RE: CCR #2016001300

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 1, 2016 by a representative 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 survey. **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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

For Kristi Combs RRC
Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

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