



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 11, 2016

Administrator  
Safe And Secure Respite Care  
3091 Skyline Drive  
Crestview, FL 32539

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 4, 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW  
Field Office Manager

DH/dh  
Enclosure

1GGN



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/11/2016  
FORM APPROVED

|                                                                              |                                                                                            |                                                     |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965627</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>04/04/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAFE AND SECURE RESPITE CARE, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3091 SKYLINE DRIVE<br/>CRESTVIEW, FL 32539</b> |                                                     |

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

**0000 Initial Comments**

An unannounced Limited Nursing Services monitoring visit was conducted at Safe and Secure Respite Care on 4/4/16. No deficient practice was found at the time of the survey.