



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 20, 2016

Administrator
Country Comfort Care, Inc.
15340 Mallory Lane
Clermont, FL 34715

RE: CCR #2016000666

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 12, 2016 by a representative of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BJK1

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968370	(X3) DATE SURVEY COMPLETED 04/12/2016
NAME OF PROVIDER OR SUPPLIER COUNTRY COMFORT CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15340 MALLORY LN, CLERMONT, FL 34715	

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

0000 Initial Comments

A complaint survey, CCR # 2016000666, was conducted at Country Comfort Care, Inc, an assisted living facility in Clermont, Florida. Deficient practice was not identified at the time of the survey.