AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943031	**04/12/2016**
NAME OF PROVIDER OR SUPPLIER **DURANT HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6929 DURANT ROAD** **PLANT CITY, FL 33567**	

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

0000 Initial Comments

Assisted Living Facility

On April 12, 2016 a change of ownership (CHOW) with limited mental health (LMH) survey was conducted at Durant Home, LLC. No deficient practice was identified during the survey.

A change of ownership is recommended.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 25, 2016

Administrator
Durant Home LLC
6929 Durant Road
Plant City, FL 33567

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey with limited mental health (LMH) that was conducted on April 12, 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caulfman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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