



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 27, 2016

Administrator  
Homewood Lodge Assisted Living Facility  
430 SE Mills Street  
Mayo, FL 32066

**RE: CCR #2016000961**

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 20, 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



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/26/2016  
FORM APPROVED

|                                                                                    |                                                                                    |                                                     |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968666</b>        | (X3) DATE SURVEY COMPLETED<br><br><b>04/20/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>HOMEWOOD LODGE<br/>ASSISTED LIVING FACILITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>430 SE MILLS ST<br/>MAYO, FL 32066</b> |                                                     |

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

**0000 Initial Comments**

A complaint survey for CCR # 2016000961 at Homewood Lodge Assisted Living Facility in Mayo, Florida was conducted on 4/20/2016.

Homewood Lodge Assisted Living Facility had no deficiencies at the time of the survey.