AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	**05/03/2016**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE RETIREMENT CTR., INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 MARVELINE DRIVE** **LAKELAND, FL 33815**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR 2016002792) was conducted at Residence Retirement Center, Inc. (The) on 5/3/16. Residence Retirement Center, Inc. (The) had no deficiencies at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 17, 2016

Administrator
Residence Retirement Ctr., Inc (The)
208 Marveline Drive
Lakeland, FL 33815

RE: CCR #2016002792

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 3, 2016 by representative(s) 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.

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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cartman
Field Office Manager

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

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