

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/01/2016  
FORM APPROVED

|                                                                      |                                                                                          |                                                     |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968653</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>05/26/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>SOUTHERN LIVING OF TITUSVILLE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2375 JAY JAY RD<br/>TITUSVILLE, FL 32796</b> |                                                     |

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

**0000 Initial Comments**

On 5/26/16 a relicensure survey with Limited Nursing Services (LNS) and Extended Congregate Care (ECC) was conducted at Southern Living of Titusville, License #12517. Southern Living of Titusville had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

June 1, 2016

Administrator  
Southern Living Of Titusville  
2375 Jay Jay Rd  
Titusville, FL 32796

**RE: Re-licensure survey with ECC and LNS**

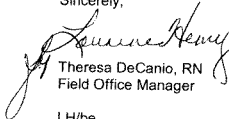
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 26, 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

1GGN

