



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 7, 2016

Administrator
Kleckley Family Assisted Living Facility
93 SE 43rd Street
Gainesville, FL 32641

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on June 13, 2016 by representative(s) of this office. Enclosed 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

341J



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969021	(X3) DATE SURVEY COMPLETED 06/13/2016
NAME OF PROVIDER OR SUPPLIER KLECKLEY FAMILY ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 93 SE 43RD ST GAINESVILLE, FL 32641	

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

0000 Initial Comments

On June 13, 2016 an initial licensure survey was conducted at Kleckley Family Assisted Living Facility. There was no deficient practice identified. The facility was in compliance at this time.