STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	**07/12/2016**
NAME OF PROVIDER OR SUPPLIER **FAMILY EXTENDED CARE OF MELBOURNE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

An unannounced complaint investigation (CCR 2016004718) was conducted in conjunction with complaint investigations (CCR 2016001384-revisit, CCR2016004678, CCR 2016005545 and CCR 2016005851) at Family Extended Care Assisted Living Facility (license 10095) in Melbourne, Florida from July 12 to 13, 2016. No deficient practice was found related to complaint CCR 2016004718 at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 4, 2016

Administrator
Family Extended Care Of Melbourne, Inc
4001 Stack Boulevard
Melbourne, FL 32901

RE: CCR #2016004718

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 12, 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. **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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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