AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967864	**08/19/2016**
NAME OF PROVIDER OR SUPPLIER **WHISPERING WILLOWS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3005 BELL SHOALS ROAD** **BRANDON, FL 33511**	

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

0000 Initial Comments

Assisted Living Facility

On August 19, 2016 a complaint investigation (CCR#2016005671 & CCR#2016008893) was conducted at Whispering Willows Assisted Living. No deficiencies were found during the investigation.
License# 11841

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 22, 2016

Administrator
Whispering Willows Assisted Living
3005 Bell Shoals Road
Brandon, FL 33511

RE: CCR #2016005671 & 2016008893

Dear Administrator:

This letter reports the findings of two complaint surveys completed on August 19, 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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