

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966837	(X3) DATE SURVEY COMPLETED 08/18/2016
NAME OF PROVIDER OR SUPPLIER AASBURY MANOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5302 SATEL DR ORLANDO, FL 32810	

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

0000 Initial Comments

A complaint investigation (CCR#2016006792) was conducted at Aasbury Manor Assisted Living Facility (License#10956) on August 18, 2016. Aasbury Manor had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 23, 2016

Administrator
Aasbury Manor Alf
5302 Satel Dr
Orlando, FL 32810

RE: CCR #2016006792

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 18, 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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