AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968948	**08/10/2016**
NAME OF PROVIDER OR SUPPLIER **LILY'S PROMISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **830 ROSEMARY CIR** **BRADENTON, FL 34212**	

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

0000 Initial Comments

Assisted living Facility

A complaint survey CCR#2016008471 was conducted at Lily's Promise Assisted Living Facility on 8/10/2016. Lily's Promise Assisted Living Facility had no deficient practice identified at the time of survey.

License: 12775

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2016

Administrator
Lily's Promise LLC
830 Rosemary Cir
Bradenton, FL 34212

RE: CCR #2016008471

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 10, 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-basec 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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