

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/19/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964605	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER HAPPY ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 700 ANDERSON DRIVE BONIFAY, FL 32425	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

On September 7, 2016, a complaint investigation for allegations contained within CCR#2016008566 was conducted at Happy Acres Assisted Living Facility, license#9130. There were no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 20, 2016

Administrator
Happy Acres
700 Anderson Drive
Bonifay, FL 32425

RE: CCR #2016008566

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 7, 2016 by representative 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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

Donah Heiberg
For Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

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Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



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