

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/05/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965728	(X3) DATE SURVEY COMPLETED 09/27/2016
NAME OF PROVIDER OR SUPPLIER ACES	STREET ADDRESS, CITY, STATE, ZIP CODE 124 DINK ALBRITTON WAUCHULA, FL 33873	

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

0000 Initial Comments

Assisted Living Facility

On September 27, 2016, an abbreviated relicensure survey was conducted at Adult Community Education Services. No deficient practice was identified during the survey.

(License # 10065)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 5, 2016

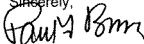
Administrator
Aces
124 Dink Albritton
Wauchula, FL 33873

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on September 27, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

1GGN

