STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969084	**10/13/2016**
NAME OF PROVIDER OR SUPPLIER **LAKE HENDON ESTATE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 CARSON ST** **SAINT CLOUD, FL 34771**	

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

0000 Initial Comments

An Initial licensure survey visit was conducted on 10/13/2016. Lake Hendon Estate Assisted Living with Limited Mental Health (LMH) had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 19, 2016

Administrator
Lake Hendon Estate Assisted Living
5311 Carson St
Saint Cloud, FL 34771

RE: Initial licensure w/LMH

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 13, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Lorraine Henry at (407) 420-2502.

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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