

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965596	(X3) DATE SURVEY COMPLETED 10/13/2016
NAME OF PROVIDER OR SUPPLIER HEART OF FLORIDA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH 10TH STREET HAINES CITY, FL 33844	

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

0000 Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2016010589), was conducted on 10/13/16.

The Heart of Florida Assisted Living, Assisted Living Facility, had no deficiencies at the time of the visit.

(License #9965)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 21, 2016

Administrator
Heart of Florida Assisted Living
301 South 10th Street
Haines City, FL 33844

RE: CCR# 2016010589

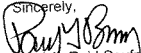
Dear Administrator:

This letter reports the findings of a complaint survey completed on October 13, 2016, by representative(s) of this office.

Attached is the provider's copy of the 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FW Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



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