

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/31/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969114	(X3) DATE SURVEY COMPLETED 10/26/2016
NAME OF PROVIDER OR SUPPLIER DAYSRING SENIOR LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 553600 US HWY 1 HILLIARD, FL 32046	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An initial licensure survey was conducted at Dayspring Senior Living, LLC on October 26, 2016. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 31, 2016

Administrator
Dayspring Senior Living, LLC
553600 US Hwy. 1
Hilliard, FL 32046

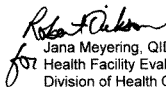
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 26, 2016 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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