RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2016

Administrator
Sweetwater At Duck Pond Alf Llc
207 Ne 7th St
Gainesville, FL 32601

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on August 31, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there is nothing new to report at this time.

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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure
XG90

Alachua Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968220	**08/31/2016**
NAME OF PROVIDER OR SUPPLIER **SWEETWATER AT DUCK POND ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **207 NE 7TH ST** **GAINESVILLE, FL 32601**	

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

0000 Initial Comments

On August 31, 2016, a 6-month monitoring survey was conducted at Sweetwater at Duck Pond Assisted Living Facility (facility license number 12142). There was nothing new to report at this time.