

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968995	(X3) DATE SURVEY COMPLETED 10/27/2016
NAME OF PROVIDER OR SUPPLIER LAKE HOUSE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1071 LAKE AVE NE LARGO, FL 33771	

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

0000 Initial Comments

Assisted Living Facility

An unannounced, initial Extended Congregate Care (ECC) Licensure survey was conducted at Lake House Assisted Living on 10/27/16. Lake House Assisted Living had no deficiencies at the time of this visit.

(License # 12827)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 9, 2016

Administrator
Lake House Assisted Living
1071 Lake Ave NE
Largo, FL 33771

Dear Administrator:

This letter reports findings of an initial extended congregate care (ECC) state licensure survey that was conducted on October 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,


Patricia Reid Caulman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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