



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 7, 2016

Administrator
Eustis Senior Care
228 North Center Street
Eustis, FL 32726

RE: CCR #2016009128

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 20, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, 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 Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

BJK1



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/07/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964357	(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER EUSTIS SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 228 NORTH CENTER STREET EUSTIS, FL 32726	

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

0000 Initial Comments

On 10/21/2016, an unannounced complaint survey (CCR#2016009128) was conducted at Eustis Senior Care (facility license number 8993). No deficiencies were identified as a result of this survey. The facility is in compliance at this time.