



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

November 2, 2016

Administrator  
Higher Ground  
10155 Se 110th Street Road  
Candler, FL 32111

Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on November 2, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State Form, which indicates the previously cited deficiencies were found corrected on the day of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Kriste J. Mennella  
Field Office Manager

KJM/CB  
Enclosure

DT9D



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 11/02/2016  
FORM APPROVED**

|                           |                                                                             |                                                             |
|---------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966282</b> | (X3) DATE SURVEY COMPLETED<br><b>R</b><br><b>11/02/2016</b> |
|---------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                      |                                                                                                  |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><b>HIGHER GROUND</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10155 SE 110TH STREET ROAD<br/>CANDLER, FL 32111</b> |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|

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

**0000 Initial Comments**

A desk review was conducted on 11/2/2016 as follow-up on a Change of Ownership Survey for Higher Ground Assisted Living Facility (facility license number 10505). The previously cited deficiency was cleared as a result of the desk review.