STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	**11/21/2016**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

0000 Initial Comments

Assisted Living Facility

A capacity increase was conducted at Angels Senior Living at Connerton Court in conjunction with a revisit to 10/12/16 complaint survey, (CCR# 2016008876), and revisit to 10/12/16 biennial survey with limited nursing services (LNS). Angels Senior Living at Connerton Court, Assisted Living Facility, had no deficiencies at the time of the visit.

(License number # 12268)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 29, 2016

Administrator
Angels Senior at Connerton Court LLC
21021 Betel Palm Ln
Land O Lakes, FL 34638

Dear Administrator:

This letter reports the findings of two state licensure survey revisits and a capacity increase conducted on November 21, 2016, by representative(s) of this office.

Attached are the provider's copies of the Revisit Reports, which indicate the previously cited deficiencies were corrected relative to the Revisits, and the State Form, which indicates no deficiencies were identified on the day of the visit. **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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Reports & State Form

DT9D

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