

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/14/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969124	(X3) DATE SURVEY COMPLETED 12/09/2016
NAME OF PROVIDER OR SUPPLIER DELAND MANOR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 245 S AMELIA AVE DE LAND, FL 32724	

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

0000 Initial Comments

On December 9, 2016, an initial licensure survey was conducted at DeLand Manor Assisted Living Facility. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 14, 2016

Administrator
DeLand Manor Assisted Living
245 S Amelia Ave
De Land, FL 32724

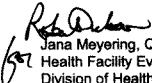
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on December 9, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure

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