



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 5, 2017

Administrator
North Florida Retirement Village
8000 NW 27th Blvd
Gainesville, FL 32606

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 28, 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/PCP
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/04/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911101	(X3) DATE SURVEY COMPLETED 12/28/2016
NAME OF PROVIDER OR SUPPLIER NORTH FLORIDA RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8000 NW 27TH BOULEVARD GAINESVILLE, FL 32606	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC)/Limited Nursing Services (LNS) Monitoring survey was conducted on 12/28/2016 at North Florida Retirement Village of Gainesville, an Assisted Living Facility. The provider had no deficiencies at the time of this survey. License#4855.