



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 10, 2017

Administrator
Swan At Lake Conway Alf
3714 St Moritz Street
Orlando, FL 32812

RE: CCR #2016014252

Dear Administrator:

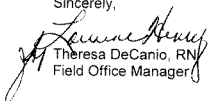
This letter reports the findings of a complaint survey completed on December 14, 2016 by representative(s) of this office.

Attached 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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967498	(X3) DATE SURVEY COMPLETED 12/14/2016
NAME OF PROVIDER OR SUPPLIER SWAN AT LAKE CONWAY ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3714 ST MORITZ STREET ORLANDO, FL 32812	

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

0000 - Initial Comments

A Complaint Investigation visit #2016014252 was conducted on 12/14/2016 in conjunction to a follow up visit. Swan at Lake Conway Assisted Living Facility, License #11542 had no deficiencies at the time of the visit.