

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969009	(X3) DATE SURVEY COMPLETED 12/23/2016
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER PELICAN LANDING ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 13085 US HWY 1 SEBASTIAN, FL 32958
--	--

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

0000 - Initial Comments

A Complaint Investigation, CCR #2016011245, #2016011976 and #2016012404 was conducted on 12/20/2016 and 12/23/2016 at Pelican Landing Assisted Living and Memory Care, license number #12820. The facility had no deficiencies identified at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

Administrator
Pelican Landing Assisted Living And Memory Care
13085 Us Hwy 1
Sebastian, FL 32958

RE: CCR ##2016011245, 2016011976 and 2016012404

Dear Administrator:

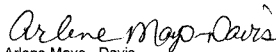
This letter reports the findings of a Complaint Survey completed on December 23, 2016 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

8JK1

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida