



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 12, 2017

Administrator
Mayfield Retirement Center
460 Newell Hill Road
Leesburg, FL 34748

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 11, 2017 by representative(s) of this office. Enclosed 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 Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/12/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911097	(X3) DATE SURVEY COMPLETED 01/11/2017
NAME OF PROVIDER OR SUPPLIER MAYFIELD RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 460 NEWELL HILL ROAD LEESBURG, FL 34748	

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

0000 - Initial Comments

On 1/11/2017, a 10 Bed Expansion Survey was conducted at Mayfield Retirement Center (facility license number 7389). The 10 Bed Expansion is approved. The facility was in compliance at the time of the survey.