



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 3, 2017

Administrator
Smyrna West Assisted Living Facility
301 Milford Place
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of state licensure survey revisit conducted on February 1, 2017 by a representative of this office.

The previously cited deficiencies were found corrected on the day of the revisit.

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,

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/AW/sm
Enclosure

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