

Agency for Health Care Administration

|                                                                        |                                                                                                                                                                                 |                                                                                               |                                                                                                                          |                                                        |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910564</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/05/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUTHERN LIVING FOR SENIORS</b> |                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>765 NE DELPHINIUM DRIVE<br/>MADISON, FL 32340</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                    | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                                  | Initial Comments<br><br>An unannounced Limited Nursing Services monitoring visit was conducted on 12/5/12 at Southern Living for Seniors in Madison. No deficiencies were cited | A 000                                                                                         |                                                                                                                          |                                                        |

AHCA Form 3020-0001

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0090

HQVN11

If continuation sheet 1 of 1



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

December 6, 2012

Administrator  
Southern Living For Seniors  
765 Ne Delphinium Drive  
Madison, FL 32340

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 5, 2012 by a representative of this office. Attached is the provider's copy of the State (3020) 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

*Gr* Donah Heiberg, M.S.W.  
Field Office Manager

DH/kb  
Enclosure

65FO

