



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 13, 2014

Administrator
Residence at Timber Pines (The)
3140 Forest Road
Spring Hill, FL 34606

Dear Administrator:

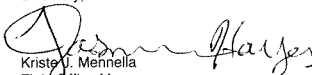
This letter reports the findings of a desk review conducted on August 13, 2014 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (386) 462-6201.

Sincerely,


Kristin J. Mennella
Field Office Manager

KJM/amw

Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965482	(X3) DATE SURVEY COMPLETED 08/13/2014
NAME OF PROVIDER OR SUPPLIER Residence At Timber Pines (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 3140 Forest Road Spring Hill, FL 34606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-08/13/2014

0000-Initial Comments

On 08/13/2014 a desk review was conducted for The Residence at Timber Pines, an assisted living facility. Deficient practice was not identified at the time of the desk review.