

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943061	(X3) DATE SURVEY COMPLETED 12/02/2015
NAME OF PROVIDER OR SUPPLIER RESIDENCE CLUB AT SEMINOLE	STREET ADDRESS, CITY, STATE, ZIP CODE 11177 70TH AVENUE NORTH SEMINOLE, FL 33772	

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

0000 Initial Comments

Assisted Living Facility Licensure

On 12/2/15, an abbreviated biennial relicensure survey was conducted at Residence Club at Seminole. No deficiencies were identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2015

Administrator
Residence Club at Seminole
11177 70th Avenue North
Seminole, FL 33772

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on December 2, 2015, by representative(s) of this office. Attached 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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