STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	**05/18/2016**
NAME OF PROVIDER OR SUPPLIER **ATLANTIS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6026 OLD CONGRESS** **LANTANA, FL 33462**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2016001920, was conducted on May 18, 2016 at Atlantis Assisted Living. The facility had no deficiencies at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2016

Administrator
Atlantis Assisted Living
6026 Old Congress
Lantana, FL 33462

RE: CCR #2016001920

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 18, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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