

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969111	(X3) DATE SURVEY COMPLETED 11/14/2016
NAME OF PROVIDER OR SUPPLIER SOUTHERN COMFORT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 W RAVINE DR RUSKIN, FL 33570	

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

0000 Initial Comments

Assisted Living Facility

An initial state licensure survey with Adult Day Care was conducted on 11/14/16. The Southern Comfort Assisted Living, License # pending, had no deficiencies at the time of this visit. The facility demonstrated readiness for licensure/operation. A recommendation for a Standard license with Adult Day Care is being made at this time.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 18, 2016

Administrator
Southern Comfort Assisted Living
2409 W Ravine Dr
Ruskin, FL 33570

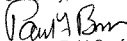
Dear Administrator:

This letter reports the findings of an initial state licensure survey with Adult Day Care conducted on November 14, 2016, 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. **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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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