

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/22/2024
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NAME OF PROVIDER OR SUPPLIER BEST CARE SENIOR LIVING AT PUNTA GORDA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2295 SHREVE STREET PUNTA GORDA, FL 33950
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow up by desk review survey was conducted on 5/22/24 at Best Care Senior Living LLC in Punta Gorda, an assisted living facility in Punta Gorda, Florida. The follow-up was in response to the relicensure survey completed on 3/12/24. Based on the facility corrective action plan and supporting documentation, the deficiencies were corrected as of 4/3/24.	{A 000}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE