

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932698	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2012
NAME OF PROVIDER OR SUPPLIER PARK SUMMIT AT CORAL SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 8500 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065			
(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 There were no deficiencies identified during the Limited Nursing Services (LNS) monitoring visit completed on 07/13/2012 at the Park Summit Assisted Living Facility. At the time of the survey, there were no residents receiving Limited Nursing Services.		A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6909

JC5E11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 16, 2012

Administrator
Park Summit At Coral Springs
8500 Royal Palm Blvd.
Coral Springs, FL 33065

Re: Monitoring - Limited Nursing Service (LNS)

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 13, 2012 by a representative from this office. Attached is the provider's copy of the State (3020) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A.C. Boyles, HPE Supervisor
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

65FO

