RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 30, 2012

Administrator
Pleasant Grove Manor, Inc.
5701 S. Pleasant Grove Road
Inverness, FL 34452

Re: CCR #20120210734

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 1, 2012 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) 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 surveyor(s). Should you have any questions, please contact Anna Lopez at (386) 462-6201.

Sincerely,

Anna Lopez, HFES for
Kriste J. Mennella
Field Office Manager

KJM/al
Enclosure: State Form 3020

7MRZ

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2727 Mahan Drive
Tallahassee, FL 32308
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Alachua, FL 32615-5669
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965766	A. BUILDING _____ B. WING _____	10/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT GROVE MANOR, INC.	5701 S. PLEASANT GROVE ROAD INVERNESS, FL 34452

(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 An unannounced complaint survey for CCR#201200010734 and Limited Nursing Services Monitoring survey,was conducted on 11/01/2012. There were no discernible deficiencies identified. The facility is in compliance with Florida Statutes Chapter 429, Part I & 408 Part II and Florida Administrative Code, Chapter 58A-5 as it pertains to this survey.	A 000		

AHCA Form 3020-0001

TITLE (X6) DATE

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