



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

April 24, 2013

Administrator  
Desoto Care Alf  
1711 Sw County Rd 760 A  
Arcadia, FL 34266

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on April 17, 2013 by a representative of 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams  
Field Office Manager

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Enclosure: State Form



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/07/2013  
FORM APPROVED

|                                                                                                        |                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967859</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>04/17/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Desoto Care - Nocatee</b>                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2605 Sw Baldwin St<br/>Arcadia, FL 34266</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

An unannounced Limited Nursing Service (LNS) survey was conducted on 4/17/13 at Desoto Care an Assisted Living Facility (ALF) at Arcadia, FL.

No state deficiencies were identified as a result of this survey.