

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER Palms Of Punta Gorda (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 2295 Shreve Street Punta Gorda, FL 33950	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of the Biennial survey done in conjunction with the Extended Congregate Care (ECC) and Limited Nursing Service (LNS) for Palms of Punta Gorda, an Assisted Living Facility (ALF), was conducted from 9/10/13 through 9/11/13.

No deficiencies were cited relevant to the survey during this visit.

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

September 17, 2013

Administrator
Palms Of Punta Gorda (the)
2295 Shreve Street
Punta Gorda, FL 33950

Dear Administrator:

This letter reports findings of a Biennial, Extended Congregate Care (ECC) and Limited Nursing Service (LNS) survey that was conducted on September 11, 2013 by representatives 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.

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 surveyors. 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

