

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968229	(X3) DATE SURVEY COMPLETED 10/08/2013
NAME OF PROVIDER OR SUPPLIER Palm Coast Assisted Living Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 6107 Springer Drive Port Richey, FL 34668	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted living Facility

A complaint survey, CCR# 2013010541, was conducted on 10/08/13.

The Palm Coast Assisted Living Facility LLC had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 14, 2013

Administrator
Palm Coast Assisted Living LLC
6107 Springer Drive
Port Richey, FL 34668

Re: CCR# 2013010541

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 8, 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

