

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/13/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967731	(X3) DATE SURVEY COMPLETED 12/09/2013
NAME OF PROVIDER OR SUPPLIER Charles' Place	STREET ADDRESS, CITY, STATE, ZIP CODE 3131 Gatlin Drive Rockledge, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/09/2013
 0030-Resident Care - Rights & Facility Procedures-12/09/2013
 0078-Staffing Standards - Staff-12/09/2013
 0081-Training - Staff In-Service-12/09/2013
 0082-Training - Hiv/aids-12/09/2013
 0084-Training - Assis Self-Admin Meds & Med Mgmt-12/09/2013
 0085-Training - Nutrition & Food Service-12/09/2013
 0090-Training - Do Not Resuscitate Orders-12/09/2013
 0161-Records - Staff-12/09/2013
 Z815-Background Screening; Prohibited Offenses-12/09/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up survey was conducted on 12/09/2013 at Charles Place Adult Family Care Home. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 13, 2013

Administrator
Charles' Place
3131 Gatlin Drive
Rockledge, FL 32955

RE: Revisit to Biennial relicensure

Dear Administrator:

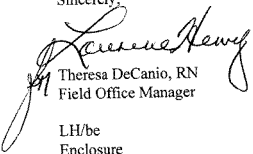
This letter reports the findings of a state licensure survey revisit conducted on December 9, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

