

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/10/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942878	(X3) DATE SURVEY COMPLETED 12/03/2013
NAME OF PROVIDER OR SUPPLIER Palms Of Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 2674 Winkler Avenue Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Z815-Background Screening; Prohibited Offenses-12/03/2013

An unannounced follow-up to a Biennial survey was conducted at The Palms of Ft Myers an Assisted Living Facility (ALF) on 12/3/13.

All previous citations have been substantially improved or corrected.

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

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2013

Administrator
Palms Of Fort Myers
2674 Winkler Avenue
Fort Myers, FL 33901

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on December 3, 2013 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

