

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 12/05/2013
NAME OF PROVIDER OR SUPPLIER Indigo Palms At Maitland	STREET ADDRESS, CITY, STATE, ZIP CODE 740 North Wymore Road Maitland, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint inspection #2013011098 was conducted in conjunction with the Assisted Living Facility with Limited Nursing Services re-licensure survey on 12/5/13.

The allegations were not substantiated but Indigo Palms had deficiencies at the time related to the biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2013

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

Re: CCR #2013011098

Dear Administrator:

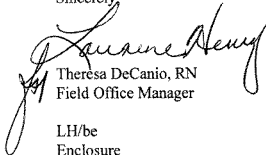
This letter reports the findings of a complaint survey completed on December 5, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

