

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 11/26/2013
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)		

An unannounced Complaint Survey, CCR# 2013012061 was conducted on 11/26/13 at The Palms of Punta Gorda an Assisted Living Facility (ALF) in Punta Gorda, Florida.

There were four allegations in the complaint. All the allegations were unsubstantiated.

There were no citations as a result of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2013

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

Re: CCR #2013012061

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 26, 2013 by a representative 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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

