STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953571	**03/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Liz's Adult Care Garden Home F	**1222 Zinnea Street Port Charlotte, FL 33952**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-03/10/2014
0077-Staffing Standards - Administrators-03/10/2014
0161-Records - Staff-03/10/2014

On 3/10/14 a follow-up to the Biennial survey was completed at Liz's Adult Care Garden Home an Assisted Living Facility (ALF).

All previously cited deficiencies were found to be corrected.

At the time of the survey no deficiencies were identified.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

0161-Records - Staff 58A-5.024(2) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2014

Administrator
Liz's Adult Care Garden Home
1222 Zinnea Street
Port Charlotte, FL 33952

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on March 10, 2014 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,

for:
Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
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