

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966287	(X3) DATE SURVEY COMPLETED 03/17/2014
NAME OF PROVIDER OR SUPPLIER Inn At La Posada	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Masterpiece Way West Palm Beach, FL 33410	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility Change of Ownership (CHOW) Survey was conducted on 3/17/14 at Inn at La Posada. The facility had no licensure deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2014

Administrator
Inn At La Posada
3600 Masterpiece Way
West Palm Beach, FL 33410

RE: Change of Ownership Survey

Dear Administrator:

This letter reports findings of a change of ownership survey that was conducted on March 17, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Mayo-Davis
Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

