

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/01/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967856	(X3) DATE SURVEY COMPLETED 04/01/2014
NAME OF PROVIDER OR SUPPLIER Desoto Palms Assisted Living Community	STREET ADDRESS, CITY, STATE, ZIP CODE 5601 N Honore Ave Sarasota, FL 34235	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-04/01/2014
0054-Medication - Records-04/01/2014
0055-Medication - Storage And Disposal-04/01/2014
0056-Medication - Labeling And Orders-04/01/2014
0057-Medication - Over The Counter (otc) Products-04/01/2014

This is the follow-up to the Biennial survey for Desoto Palms, an Assisted Living Facility which was conducted on 4/1/14.

All previous citations have been substantially improved or corrected.

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

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

0054-Medication - Records 58A-5.0185(5) FAC

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2014

Administrator
Desoto Palms Assisted Living Community
5601 N Honore Ave
Sarasota, FL 34235

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on April 1, 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,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

