

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911610	(X3) DATE SURVEY COMPLETED 04/16/2014
NAME OF PROVIDER OR SUPPLIER Plymouth Harbor, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 700 John Ringling Blvd. Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the unannounced Biennial survey conducted on 4/15/14 at Plymouth Harbor an Assisted Living Facility (ALF). This is a 10 bed ALF with a census of 2 residents.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 25, 2014

Administrator
Plymouth Harbor, Inc.
700 John Ringling Blvd.
Sarasota, FL 34236

Dear Administrator:

This letter reports findings of a Biennial survey that was conducted on April 16, 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 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

