

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965856	(X3) DATE SURVEY COMPLETED 05/05/2014
NAME OF PROVIDER OR SUPPLIER Palm Manor, Inc (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 6609 Sw 20 Th Street Miramar, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-03/20/2014
0052-Medication - Assistance With Self-Admin-03/20/2014
0080-Training - Core & Competency Test-03/27/2014
0081-Training - Staff In-Service-03/27/2014
0093-Food Service - Dietary Standards-03/17/2014

0000-Initial Comments

An unannounced follow-up to the relicensure survey was conducted on 5/5/14. The Palm Manor Inc. had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 7, 2014

Administrator
Palm Manor, Inc (The)
6609 SW 20th Street
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 5, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

