STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968268	**05/30/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palamar House	**4319 Neptune Rd Saint Cloud, FL 34769**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-05/30/2014
0081-Training - Staff In-Service-05/30/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-05/30/2014
0085-Training - Nutrition & Food Service-05/30/2014
0092-Food Service - General Responsibilities-05/30/2013

Specific Tag Findings:

0000-Initial Comments
A desk review was conducted on 5/30/14. Palmar House Assisted Living Facility on 5/30/2014 had no deficiencies found at the time of the review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
Palamar House
4319 Neptune Rd
Saint Cloud, FL 34769

RE: Revisit to Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 30, 2014 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

400 W. Robinson St., Suite S-309
Orlando, FL 32801
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AhcaFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida