

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968253	(X3) DATE SURVEY COMPLETED 06/03/2014
NAME OF PROVIDER OR SUPPLIER Gentle Care Assisted Living 3	STREET ADDRESS, CITY, STATE, ZIP CODE 27 Rolling Sands Dr Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

A complaint survey (CCR #2014005407) was conducted at Gentle Care III on June 3, 2014. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 12, 2014

Administrator
Gentle Care Assisted Living 3
27 Rolling Sands Drive
Palm Coast, FL 32164

Re: CCR #2014005407

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 3, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

A handwritten signature in black ink, reading "Jana Meyering".

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

