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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965945</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>06/13/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Palm Terrace Alf</b>                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>5121 East Serena Drive<br/>Tampa, FL 33617</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on 06/13/14.

Palm Terrace, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

June 18, 2014

Administrator  
Palm Terrace ALF  
5121 East Serena Drive  
Tampa, FL 33617

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on June 13, 2014, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,  
  
Patricia Reid Cauffman  
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

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