

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964707	(X3) DATE SURVEY COMPLETED 06/26/2014
NAME OF PROVIDER OR SUPPLIER Indigo Palms	STREET ADDRESS, CITY, STATE, ZIP CODE 570 National Healthcare Blvd Daytona Beach, FL 32114	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-06/26/2014

0054-Medication - Records-06/26/2014

0055-Medication - Storage And Disposal-06/26/2014

0079-Staffing Standards - Levels-06/26/2014

0152-Physical Plant - Safe Living Environ/other-06/26/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 30, 2014

Administrator
Indigo Palms
570 National Healthcare Blvd.
Daytona Beach, FL 32114

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 26, 2014 by a representative 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.

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 (904) 798-4201.

Sincerely,

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

JPL/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201; Fax: (904) 359-6054
AHCA.MyFlorida.com



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