STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965313	**07/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carlisle Palm Beach, The	**450 East Ocean Avenue Lantana, FL 33462**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-07/28/2014
0092-Food Service - General Responsibilities-07/28/2014

0000-Initial Comments
An unannounced follow-up to Change of Ownership, initial Limited Nursing Survey, and Increased Capacity survey was conducted on 7/28/14. The Carlisle Palm Beach had no deficiencies found at the time of the revisit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 05, 2014

Administrator
Carlisle Palm Beach, The
450 East Ocean Avenue
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW), initial Limited Nursing Service (LNS) and Increased Capacity survey revisit conducted on July 28, 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. **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

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