

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965335	(X3) DATE SURVEY COMPLETED 07/22/2014
NAME OF PROVIDER OR SUPPLIER Osprey Pointe On Palmer Ranch	STREET ADDRESS, CITY, STATE, ZIP CODE 5111 Palmer Ranch Parkway Sarasota, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the Biennial survey conducted on 7/21/14 through 7/22/14 at Osprey Point an Assisted Living Facility (ALF).

No deficiencies were identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 29, 2014

Administrator
Osprey Pointe On Palmer Ranch
5111 Palmer Ranch Parkway
Sarasota, FL 34238

Dear Administrator:

This letter reports findings of a Biennial survey that was completed on July 22, 2014 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold D. Williams".

Harold D. Williams
Field Office Manager

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Enclosure: State Form

