

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 08/05/2014
NAME OF PROVIDER OR SUPPLIER Palms Of Punta Gorda (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 2295 Shreve Street Punta Gorda, FL 33950	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

E206-Ecc - Service Plans-08/05/2014

E207-Ecc - Services-08/05/2014

E208-Ecc - Records-08/05/2014

An unannounced Extended Congregate Care (ECC) follow-up visit was conducted on 8/5/14 at The Palms of Punta Gorda an Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

E206-ECC - Service Plans 58A-5.030(7) FAC

E207-ECC - Services 58A-5.030(8) FAC

E208-ECC - Records 58A-5.030(9) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2014

Administrator
Palms Of Punta Gorda (the)
2295 Shreve Street
Punta Gorda, FL 33950

Dear Administrator:

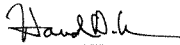
This letter reports the findings of an Extended Congregate Care (ECC) survey revisit conducted on August 5, 2014 by representative of this office.

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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

