

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964942	(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER Plantation Retirement Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2654 Grand Blvd. Holiday, FL 34690	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-09/25/2014

0056-Medication - Labeling And Orders-09/25/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 30, 2014

Administrator
Plantation Retirement Inc
2654 Grand Blvd.
Holiday, FL 34690

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on September 25, 2014, by representative(s) 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 desk review.

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.myfloride.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,
Paul Brown
For Patricia Reid Cauffman
Field Office Manager

PRC/cit

Enclosure: State Form (5000-3547)

