STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967859	**10/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Desoto Care - Nocatee	**2605 Sw Baldwin St Arcadia, FL 34266**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A Limited Nursing Service (LNS) survey was conducted on 10/27/14 at Desoto Care of Nocatee an Assisted Living Facility (ALF) in Arcadia, FL.

Desoto Care was found in substantial compliace. There were no citaions as the result of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2014

Administrator
Desoto Care - Nocatee
2605 Sw Baldwin St
Arcadia, FL 34266

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 27, 2014 by a representative 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 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

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