STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: **AL11953279**	(X3) DATE SURVEY COMPLETED **12/03/2014**
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)

This is the result of an unannounced Complaint Survey, CCR #2014008905 conducted on 12/03/14 at The Palms of Punta Gorda an Assisted Living Facility (ALF) located in Punta Gorda, Florida.

There was one allegation. The allegation was unsubstantiated and no deficiencies were cited as a result of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2014

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

RE: CCR #2014008905

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 3, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form