

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966640	(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER Gardens Of North Port (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S Sumter Blvd North Port, FL 34287	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR #2014010463 conducted on 12/04/14 at Gardens of North Port an Assisted Living Facility (ALF) located in North Port, Florida.

There were 4 allegations which were not confirmed. The facility did not receive any deficiencies related to this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2014

Administrator
Gardens Of North Port (the)
4900 S Sumter Blvd
North Port, FL 34287

RE: CCR #2014010463

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 4, 2014 by representatives 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 surveyors. 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

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