

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968431	(X3) DATE SURVEY COMPLETED 10/24/2014
NAME OF PROVIDER OR SUPPLIER Path Of Life Assisted Living Of Palm Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 5800 Gun Club Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced capacity increase survey was conducted on 10/24/2014 at Path of Life Assisted Living of Palm Beach. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 5, 2015

Administrator
Path Of Life Assisted Living Of Palm Beach
5800 Gun Club Road
West Palm Beach, FL 33415

RE: Capacity Increase

Dear Administrator:

This letter reports findings of a Capacity Increase licensure survey that was conducted on October 24, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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