STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967859	**01/20/2015**
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)		

List of Tags Cited:
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Specific Tag Findings:
An unannounced Capacity Increase Survey was conducted on 1/20/15 at Desoto Care and Assisted Living Facility located in Nocatee, Florida. The capacity of the facility was to be increased from 10 residents to 12 residents. The facility was found have space, furnishings, and facilities to increase the capacity of the facility to twelve residents. Capacity increase recommended.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 30, 2015

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

Dear Administrator:

This letter reports findings of a Capacity Increase Survey that was conducted on January 20, 2015 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

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