RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2015

Administrator
Personal Touch Assisted Living Facility, Inc.
20 Fir Trail
Ocala, FL 34472

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 12, 2015 by a representative of this office. Enclosed 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 (386) 462-6201.

Sincerely,

for Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967739	**03/12/2015**
NAME OF PROVIDER OR SUPPLIER **Personal Touch Assisted Living Facility Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **20 Fir Trail Ocala, FL 34472**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Service monitoring survey was conducted at Personal Touch Assisted Living Facility Inc. at 20 Fir Trail, Ocala, Fl. Deficient practice was not identified at the time of the survey. The facility was in compliance.