STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968591	**09/24/2015**
NAME OF PROVIDER OR SUPPLIER **THE PALMS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8487 NW 34TH MANOR** **SUNRISE, FL 33351**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Relicensure survey was conducted on 09/24/15 at The Palms Assisted Living Facility Corp. The facility had no deficiencies found at time of the survey.

This survey was conducted inconjunction with the capacity increase survey on the same date. Refer to separate report for findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2015

Administrator
The Palms Alf Corp
8487 NW 34th Manor
Sunrise, FL 33351

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure

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