

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965856	(X3) DATE SURVEY COMPLETED 09/29/2015
NAME OF PROVIDER OR SUPPLIER PALM MANOR ALF (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 6609 SW 20TH STREET MIRAMAR, FL 33023	

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

0000 Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted on 09/29/2015 at the Palm Manor ALF. The facility had no deficiencies found at the time of the monitoring visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 12, 2015

Administrator
Palm Manor Alf (The)
6609 SW 20th Street
Miramar, FL 33023

RE: Limited Nursing Service survey

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey completed on September 29, 2015 by a representative 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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