STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**11/03/2015**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE ROCKLEDGE, FL 32955**	

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

0000 Initial Comments

On 11/3/15 an abbreviated biennial re-licensure survey was conducted at Palace Retirement Home Assisted Living Facility. Palace Retirement Home had no deficiencies found during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 13, 2015

Administrator
Palace Retirement Home
965 S. Florida Avenue
Rockledge, FL 32955

RE: Abbreviated relicensure survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 3, 2015 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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