STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932698	**11/19/2015**
NAME OF PROVIDER OR SUPPLIER **PARK SUMMIT AT CORAL SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **8500 ROYAL PALM BLVD** **CORAL SPRINGS, FL 33065**	

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

0000 Initial Comments

An unannounced biennial re-licensure survey with Limited Nursing Services was conducted on 11/19/2015 at Park Summit at Coral Springs. The facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2015

Administrator
Park Summit At Coral Springs
8500 Royal Palm Blvd
Coral Springs, FL 33065

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 19, 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/dmb
Enclosure: AHCA Form 5000-3547

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