RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2015

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

Dear Administrator:

This letter reports findings of a state limited nursing survey that was conducted on December 28, 2015 by representatives 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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Boy for

Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure

1GGN

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967739	12/28/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A limited nursing services monitoring survey was conducted at Personal Touch Assisted Living Facility Inc, Ocala, Florida on 12/28/2015. Personal Touch Assisted Living Facility Inc had no deficiencies at the time of the survey.