

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965313	(X3) DATE SURVEY COMPLETED 01/05/2016
NAME OF PROVIDER OR SUPPLIER CARLISLE PALM BEACH, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments An unannounced licensure complaint survey, CCR#2015010044, was conducted on December 9, 2015 and January 5, 2016 at The Carlisle Palm Beach. The facility had no deficiencies at the time of the investigation.		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 19, 2016

Administrator
Carlisle Palm Beach, The
450 East Ocean Avenue
Lantana, FL 33462

RE: CCR #2015010044

Dear Administrator:

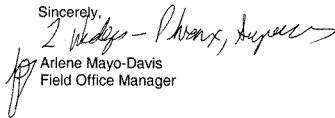
This letter reports the findings of a complaint survey completed on January 5, 2016 by a representative of this office.

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,

2 Weeks - Phoenix, Arizona

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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