STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11968253	**02/04/2016**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **27 ROLLING SANDS DR** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On [redacted], 2016, an off-year monitoring visit was conducted at Gentle Care 3 Assisted Living Facility. Deficient practice was not identified during the survey

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Gentle Care Assisted Living 3
27 Rolling Sands Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports findings of a state licensure off-year monitoring survey that was conducted on [redacted], 2016 by a representative of this office. Attached is the provider's copy of the State ([redacted]) 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. Should you have any questions please call this office at (904) [redacted].

Sincerely,

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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