RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Palms Assisted Living
7364 Lagoon Road
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 17, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

YOSF

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
	AL11967766	R
NAME OF PROVIDER OR SUPPLIER **PALMS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **7364 LAGOON ROAD** **SPRING HILL, FL 34606**	

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

0000 Initial Comments

On , 2016 a follow-up survey was conducted in reference to the CHOW completed on / at Palms Assisted Living Facility. Deficient practice was identified, the facility was not in compliance.

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews the facility failed to maintain existing carpet in good clean condition for 1 of 6 resident for resident #2.

Findings:

On at approximately 9:50 AM during a tour of the facility it was observed that resident #2 who resided in # had dark stains on her carpet floor (photos taken).

On at approximately 10:26 AM an interview was conducted with the facility's manager. She stated that the stains were new stains and that the carpet was cleaned last month.

Class III