



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 29, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 24, 2016 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/29/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967766	(X3) DATE SURVEY COMPLETED R 03/24/2016
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 3/24/2016 a follow up to a change of ownership survey was conducted at Palms Assisted Living. Deficient practice was not identified during the survey. The previously cited deficiency was cleared as a result of the follow-up survey.