

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965945	(X3) DATE SURVEY COMPLETED 04/28/2016
NAME OF PROVIDER OR SUPPLIER PALM TERRACE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5121 EAST SERENA DRIVE TAMPA, FL 33617	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR#2016002938) was conducted at Palm Terrace ALF on 4/28/16 in conjunction with a revisit to 3/8/16 Complaint CCR#2016002335 (ASPEN T5EN12.) Palm Terrace ALF had no deficiencies at the time of the investigation



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 11, 2016

Administrator
Palm Terrace ALF
5121 East Serena Drive
Tampa, FL 33617

RE: CCR #2016002938 & a Revisit to 2016002335

Dear Administrator:

This letter reports the findings of a complaint survey & a revisit completed on April 28, 2016 by representative(s) 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.

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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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