

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967189	(X3) DATE SURVEY COMPLETED 03/28/2016
NAME OF PROVIDER OR SUPPLIER PRINCETON VILLAGE OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 100 MAGNOLIA TRACEWAY PALM COAST, FL 32164	

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

0000 Initial Comments

On March 28, 2016 an Extended Congregate Care monitoring survey was conducted at Princeton Village in Palm Coast. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 5, 2016

Administrator
Princeton Village of Palm Coast
100 Magnolia Traceway
Palm Coast, FL 32164

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on March 28, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) 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) 798-4201.

Sincerely,

Jana Meyering, QDP
Health Facility Evaluator Supervisor
Division of Health Facility Evaluator Supervisor

RS/JM/sm
Enclosure

1GGN

