RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 25, 2016

Administrator
Southern Palms, Inc
1472 Bolger Ave
Spring Hill, FL 34609

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 25, 2016 by representative(s) of this office. Enclosed 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. **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(s). Should you have any questions please call Chuck Bory at (386) 462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969053	**08/25/2016**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN PALMS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1472 BOLGER AVE** **SPRING HILL, FL 34609**	

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

0000 Initial Comments

On 8/25/2016, an initial licensure survey was conducted at Southern Palms Assisted Living Facility in Spring Hill, FL. Deficient practice was not identified during the survey.