STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969093	**10/12/2016**
NAME OF PROVIDER OR SUPPLIER **GRAND OAKS OF PALM CITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3550 SW CORPORATE PKWY** **PALM CITY, FL 34990**	

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

0000 Initial Comments

An announced Assisted Living Facility (ALF) with Limited Nursing Services (LNS) initial licensure survey was conducted on October 12, 2016 at Grand Oaks Of Palm City LLC. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 21, 2016

Administrator
Grand Oaks Of Palm City LLC
3550 SW Corporate Pkwy
Palm City, FL 34990

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 12, 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. **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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