

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953207	(X3) DATE SURVEY COMPLETED 11/01/2016
NAME OF PROVIDER OR SUPPLIER FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 145 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401	

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

0000 Initial Comments

A licensure complaint survey(s), CCR# 2016009864 and CCR# 2016012486, was conducted on 11/01/16 at Fountainview (License # 7827). The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 8, 2016

Administrator
Fountainview
145 Executive Center Drive
West Palm Beach, FL 33401

RE: CCR #2016009864 and #2016012486

Dear Administrator:

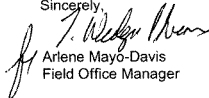
This letter reports the findings of a complaint survey completed on November 1, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547 form

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