



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 6, 2017

Administrator
Mariner Palms
5303 Mariner Blvd
Spring Hill, FL 34609

RE: CCR #2016011463

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 27, 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. **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 surveyor(s). Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/PCP
Enclosure

BJK1



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968295	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER MARINER PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5303 MARINER BLVD SPRING HILL, FL 34609	

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

0000 - Initial Comments

An unannounced complaint survey (CCR 2016011463) was conducted on December 27, 2016 at Mariner Palms Assisted Living Facility (License #12244) in Spring Hill, FL. Mariner Palms Assisted Living Facility had no deficiencies at the time of the survey.