

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965889	(X3) DATE SURVEY COMPLETED R 01/12/2017
NAME OF PROVIDER OR SUPPLIER PLEASANT RETIREMENT HOME INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7512 Washington Ave. LANTANA, FL 33462	

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

0000 - Initial Comments

A Desk Review for revisit to complaint survey #201609417 conducted on 1/12/17 for Pleasant Retirement Home, License #10188. The facility had no deficiencies at the time of the revisit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

Administrator
Pleasant Retirement Home Inc.
7512 Washington Ave.
Lantana, FL 33462

Dear Administrator:

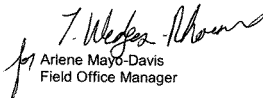
This letter reports the findings of a state licensure survey revisit conducted by desk review on January 12, 2017 by a representative of this office.

The previously cited deficiencies were found corrected on the day of the revisit. **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 the field office at (561) 381-5840.

Sincerely,


for Ariene Mayo-Davis
Field Office Manager

AMD/ch

DT9D

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