STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969150	**02/06/2017**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE PLACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **256 BARBAROSSA RD** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 2/6/17. Prestige Place Assisted Living had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 9, 2017

Administrator
Prestige Place Alf
256 Barbarossa Rd
Palm Bay, FL 32907

RE: Initial Licensure survey

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on February 6, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no 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 Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TD:anc
Enclosure

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