

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/01/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910486	(X3) DATE SURVEY COMPLETED 04/28/2014
NAME OF PROVIDER OR SUPPLIER Barkley Place	STREET ADDRESS, CITY, STATE, ZIP CODE 36 Barkley Circle Fort Myers, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-04/28/2014

0093-Food Service - Dietary Standards-04/28/2014

Z815-Background Screening; Prohibited Offenses-04/28/2014

The follow-up to the Change of Ownership (CHOW) survey was conducted on 4/28/14 at Barkley Place, an Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 1, 2014

Administrator
Barkley Place
36 Barkley Circle
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey revisit conducted on April 28, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

