

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966947	(X3) DATE SURVEY COMPLETED 12/02/2015
NAME OF PROVIDER OR SUPPLIER DESOTO CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1711 SW COUNTY RD 760 A ARCADIA, FL 34266	

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

0000 Initial Comments

An unannounced Relicensure and Limited Nursing Service survey was conducted 12/2/15 at Desoto Care Arcadia, an Assisted Living Facility in Arcadia, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2015

Administrator
Desoto Care Alf
1711 Sw County Rd 760 A
Arcadia, FL 34266

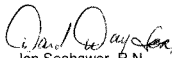
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 2, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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