

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2013
NAME OF PROVIDER OR SUPPLIER M & R PERSONAL CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1289 HILLSBOROUGH AVE ARCADIA, FL 34266		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments These are the results of an unannounced Complaint survey, CCR# 2013003136, conducted on 3/25/13, at M&R Personal Care Inc., an Assisted Living Facility (ALF). The complaint contained one allegation which was not substantiated and no other deficiencies were noted during this survey visit.	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6890

E66R11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 2, 2013

Administrator
M & R Personal Care Inc
1289 Hillsborough Avenue
Arcadia, Florida 34266

Re: CCR #2013003136

Dear Administrator:

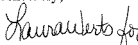
This letter reports the findings of a complaint survey completed on March 25, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

HW:ss

Enclosure: State (3020) Form

