

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/13/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932563	(X3) DATE SURVEY COMPLETED 08/12/2013
NAME OF PROVIDER OR SUPPLIER Diamond Spring Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 7873 Sundown Drive Saint Petersburg, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-08/12/2013
0093-Food Service - Dietary Standards-08/12/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 13, 2013

Administrator
Diamond Spring Retirement Home
7873 Sundown Drive
Saint Petersburg, FL 33709

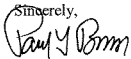
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on August 12, 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

