STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	**08/23/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	**1001 9th Street North Saint Petersburg, FL 33701**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0163-Records - Resident, Penalties For Alteration-08/23/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2013

Administrator
Loving Care of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

Re: CCR# 2013006504 & 4 Revisits

Dear Administrator:

This letter reports the findings of a complaint survey and four state licensure survey revisits completed on August 23, 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during this survey, and the deficiences were corrected relative to the revisit surveys.

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 surveyors. Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
FOV Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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Tallahassee, FL 32308
http://ahca.myflorida.com

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St. Petersburg, FL 33701