

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965412	(X3) DATE SURVEY COMPLETED 08/14/2013
NAME OF PROVIDER OR SUPPLIER Mary's Garden	STREET ADDRESS, CITY, STATE, ZIP CODE 6067 17th Ave N Saint Petersburg, FL 33710	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

0011-Admissions - Discharge-58a-5.0181(5) Fac
0167-Resident Contracts-58a-5.025(1) Fac



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2013

Administrator
Mary's Garden
6067 17th Ave N
Saint Petersburg, FL 33710

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on August 14, 2013, 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 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 Form (5000-3547)

