STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Langdon Hall, Inc Independent & Assisted Living	**1120 33 Avenue West Bradenton, FL 34205**

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

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2013008649 and CCR# 2013009663, were conducted on and .

The Langdon Hall, Inc. Independent & Assisted Living facility had deficiencies at the time of the visit.

The following deficiencies were cited relative to CCR# 2013008649: A-0010, A-0025 and A-0165 cited.

Four unrelated deficiencies were cited relative to CCR# 2013008649: A-0054, A-0055, A-0078 and A-0079.

The following deficiencies were cited relative to CCR# 2013009663: A-0025 and A-0030.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observations, record reviews, and interviews, the facility failed to discharge residents when they no longer met the criteria for continued residency for 3 (Residents #2, #3, and #4) of 3 residents sampled for record review. These residents were total care for their transfer and were unable to assist staff.

Findings include:

Review of Resident #2's records revealed that she was admitted to the facility on . Her health assessment, Form 1823 dated indicated she had ( ), a in which the body's system destroys the protective covering on nerves. She is unable to walk and has (tight or rigid muscles she may be unable to control) of her upper extremities. She received assistance in all activities of daily living (ADLs). It was indicated that her needs cannot be met in an assisted living facility (ALF).

In the interview with Resident #2 on at approximately 10:45am, she stated that 2 aides come in and assist her into bed. They have to pick her up and put her in the bed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Langdon Hall, Inc Independent & Assisted Living	**1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Observation of Resident #2 being moved from her wheelchair to her bed by 2 resident aides on at approximately 10:55am revealed that one aide held under the resident's legs and the other aide held under her arms. They picked her up and moved her to the bed without any assistance from the resident.

Review of Resident #3's record revealed that he was admitted to the facility on . His health assessment, Form 1823 dated indicated he had which is condition that involves of the spinal cord and causes and numbness of the limbs. He is wheelchair bound. He had to be assisted with all ADLs. His physician indicated he was paraplegic (unable to move lower extremities).

In the interview with and observation of Resident #3 on at approximately 10:00am, he stated that he is not able to stand. He stated that he is unable to move his legs. They slide him on the sliding board to get him on and off the bed. The gloss-finished sliding board he indicated was observed leaning up against the wall near the resident's bed. The resident was observed in his electric wheelchair.

Review of home health records for Resident #3 revealed that the resident has a history of to his and . The earliest indicated on the records was in . The latest started on and was healed on . The resident did not currently have any indicated.

Record review for Resident #4 revealed that she was admitted to the facility on . Her health assessment, Form 1823 dated indicated she had and had a . She received assistance with all ADLs. There was no indication on the form if her needs could be met at an ALF.

In the interview with and observation of Resident #4 on at approximately 4:00pm, the resident was in her bed. She was alert and spoke well. The resident stated she needed total care. The resident can't support her own weight and she doesn't walk. She stated staff use a sliding board (it was observed leaning against the wall in the resident's) to get her out of bed and into her electric wheelchair. She said she depends on the staff to get her in and out of bed because she can't do it.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care to 1 (#1) of 4 residents sampled for assistance with transferring which resulted in a and failure to provide a call system in good working order for the residents. The facility also failed to document a change in condition and related care for 2 (#2 and #4) of 3 residents sampled for record review.

Findings include:

Record review on of Resident#1 was admitted to the facility on . His health assessment on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	

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

states the resident needs supervision with ambulation and assistance with transferring. The resident uses a walker.

Staff #A on / guided the resident with his walker onto the wheelchair lift platform of the facility's van. She did not accompany the resident unto the platform instead she stood on the ground on the right side of the platform and pushed the up button while taking her eyes off the resident. The lift jerked and the resident lost his balance and backwards onto the pavement and had to be transported to the hospital.

Staff #A verified this in an interview on the phone on at 11:03 a.m.

The facility could have prevented his if Staff #A had not placed the resident with a walker on a wheelchair lift. This should not have been done because wheelchair lifts are made for residents in wheelchairs. Also the health assessment stated Robert was to have assistance with transferring and this was not done. The facility failed to prevent the .

The facility's contract states on page three section, G SECURITY: that Landon Hall will provide and maintain a personal emergency call system on a **continuous basis**. The system will alert the facility personal so that appropriate action can be taken as quickly as possible. There is a document called emergency call pendent system as part of their packet for all residents that move into the facility. The document describes the use of the call pendent. The document states that in the middle of this pendent which the residents are to wear is a button which is to be pressed for 2 seconds to activate the signal which transmits to the emergency box located in the health care center, as well as to the pager carried by each direct care staff. On and , the 2 direct care staff were observed carrying the pagers..

On at approximately 10:30 a.m. during a visit to the second floor Resident #6 asked for help because she did not know where her located. The resident did not know which direction to go and was not wearing a pendent so she could not call for assistance. The resident was taken to her another resident's pendent was pressed and staff responded to her pendent. The staff said she had probably taken it off and left it somewhere. The staff stated in a confidential interview on that they do not have the time to check to see if the residents are wearing their pendents.

When interviewed on at 11:00a.m., Resident #7 stated he uses an electric wheelchair and he needs assistance for all activities of daily living except eating.
The resident 's pendent is on his table and is not being used because it has a broken clip. The resident stated he told the health care director the clip broke a couple of weeks ago and she never bothered to take care of it. The administrator ' s secretary found a new clip by 2:00p.m. on and replaced it for the resident.

On at 11:45 a.m., Resident #14 was observed in the dining , she was asked to push her pendent, when she did the pager did not go off telling the staff she needed assistance. Since it did not work, the administrative staff was notified. The next day, at 9:30 a.m. Resident #14 was observed in the dining again. She pushed her pendent button and this time it went off and kept going off for the next hour.
This was very frustrating to the staff because they did not know if she really needed assistance or not.
The direct care staff stated it would have to be rebooted from the panel in the health care center to stop the pager from going off for resident # 14. The administrator was working on rebooting the pagers without success.
The administrator and health care director are the only people with the code that was needed to reboot the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

system. (the health care director was was on vacation) Finally the administrator was able to reboot the system and the false pager signals stopped.

When interviewed while in bed on at 4:00 p.m., Resident #4 stated she needs total care. "I can't walk so the girls use that board (sliding board was observed leaning against the wall) over there to move me from the bed to the electric wheelchair. I need to be moved now because I am down too far on the bed but I can't get anyone to come when I press the button". She said she depends on the staff to get her in and out of bed because she can ' t do it. The resident pushed her pendent again and after waiting approximately 10 minutes the resident stated it never works for her. Staff was busy elsewhere so the administrator was located and he went back to the resident ' s see if the pager was working. The administrator had the pager and after pushing the resident ' s pendent, he confirmed the pager was not receiving the signal and alerting staff that the resident needed assistance.

At 4:30 p.m. while standing in the health care center watching the program on the computer of signals that were being reported, the pager for Resident #4 went off. The administrator had both the pendent and pager in his hand. This was thirty minutes after Resident #4 had pushed her pendent for the second time.

The administrator confirmed on at 4:35 p.m. that the call pendent system was not working as it was intended to do and it was not meeting it expectations in alerting staff if residents needed assistance..

Interview with Resident #2 on at approximately 10:45am revealed that she had complained of soreness on her area. The resident aides and the staff nurse had seen the reddened areas and told her it was not open. The aides had been putting an over the counter (OTC) skin protectant on the areas. The resident stated her doctor saw the areas and told her to continue to use the OTC.

Observed Staff B and another resident aide cleaning up Resident #2 on at approximately 10:55pm. After they finished cleaning her peri-area, the OTC skin protectant was applied to the reddened areas on her

Review of Resident #2's facility health care notes revealed no documentation regarding the reddened areas on the resident . There was also no information about contact with or orders from the resident's doctor regarding these areas.

Review of Resident #4's record revealed a hospital emergency department report that indicated she was treated for a on . There were no facility health care notes regarding the circumstances that preceded this hospital visit and any followup care needed.
Interview with the administrator on at approximately 5:30pm, he stated that he met with the regional clinician 2 weeks ago and identified this lack of documentation.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interviews, the facility failed to honor resident's rights by providing a decent environment regarding an air conditioning system which was not functioning properly.

Findings include:

During a tour on from 9:00a.m. to 10:30 a.m. it was revealed the temperatures in the hallways, common areas such as the activity , TV area, library, sitting areas and the medication very warm and as the day progressed, it became even hotter in the building. The residents were observed on and to be congregating in the dining it was cooler. Most of the residents were in their because the resident ' s had air units that they were able to control the temperature for their personal comfort. Staff was observed opening the doors of that were empty and putting the air on the lowest setting to help cool down the hallways. There was a fan on each floor blowing air as the residents came off the elevator. The medication very warm and the residents that were waiting for their medications were complaining about having " to wait in this heat for their medications " . Residents and staff confirmed the air conditioning have not worked properly for the last three months. Resident #9 repeatedly asked to have something done with the air. " It is very hot in here and it has been going on for a very long time. "

Confidential interviews with the staff on revealed the facility has had problems with the air conditioning system for at least three months. It gets very hot in here especially if you are running around and assisting the residents. The residents ' are cool but you have to come out and go into the hallways and it is very hot by the afternoon. We still haven ' t heard if they are going to fix it.

The facility had documentation that on an air conditioning repair company was phoned to come and give an estimate on how much it would cost to repair the air conditioning system. The air compressor needed parts to function properly. They left the estimate with the administrator. The administrator stated he did not know he had to sign the document/ agreement before the work would begin.

The administrator produced documentation that the air compressor had been repaired several times in the past. The administrator wanted it to be known the air was not out for the last three months, it just was not working as efficiently as it should so it was warmer in some parts of the facility. He said different companies had come out but no one was able to fix the problem. The administrator was only able to produce documentation from a local heating and air conditioning company which they are using now but didn't have any documentation from the other companies which had come out. The air conditioning company employee stated on at 2:35 p.m. they had come out to the facility to give estimates for repairs but the last repair they did was in 2011. He also stated they had just received a signed agreement on from the administrator to order the parts. The repair should be completed by .

The facility has known about the problem for 3 months and it took them until during the survey on to call and send in the paperwork for the repairs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain an up to date medication observation record (MOR) for 1(#2) of 3 residents sampled for medication review.

Findings include:

Record review of Resident #2's medication observation record (MOR) was conducted on revealed the MOR was blank for the month of , 2013 from the 1st to the 4th.

Staff #C was interviewed on at 2:00 p.m. and she stated the MORs for each month are all blank because they give the medication in Resident #2's no one initials the MOR.

Resident #2 was interviewed on at 4:00 p.m. and stated she gets her medication in her day.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, record review and interview, the facility failed to properly store medications for 1(#2) of 3 residents sampled for medication review.

During the tour of the facility on , a observed to have a chain holding the door open and two feet from the door in plain view of everyone was a basket filled with medications sitting on a dresser. The medications were not secured and there was no one in the would allow anyone to walk in and help themselves to the medications.
After reviewing the health assessment for Resident #2, it revealed the resident was to have assistance by staff with her medication administration. The medications were supposed to be kept in central storage and given to the resident by the staff.

When interviewed on at 4:00 p.m., Resident #2 stated she could not give herself the medications and needed the staff to help her with medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation, interview, and record review, unlicensed staff assisted a resident with an arm brace for 1 (Resident #2) of 3 residents sampled for record review.

Findings include:

Observation of Resident #2 being assisted by Staff B and Staff D into bed on at approximately 10:55am revealed that once the resident had been positioned onto her right side in the bed, the aides placed a brace on the resident's left arm that covered her and wrist.

Interview with Resident #2 on at approximately 10:55am revealed that the aides put the brace on her when she is in bed. They put it on the arm opposite to the side she is laying on (If she had been laying on her left side, they would have put it on her right arm).
Review of Resident #2's record did not reveal notes from staff regarding the application of this brace.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record record review, observation and interviews, the facility failed to provide care in a timely manner due to lack of staff.

Record review of the staffing schedule revealed there was two direct care staff and one med tech who worked the first shift. The 2 direct care staff worked 12 hour shifts during the week and the med tech worked different hours during the week. Sunday was 12 hours, Monday was 8 hours, Tuesday was 8 hours, Wednesday was 8 hours, Thursday was 8 hours, Friday was 8 hours and Saturday was 12 hours. The first shift had 236 staffing hours for the week. The second shift (3p-7p), there was 2 direct care staff and they had 56 staffing hours for the week. The third shift had 2 direct care staff which worked 12 hour shifts during the week. The third shift had 168 staffing hours. The total was 460 staffing hours. The minimum staffing hours required the facility is 416 staffing hours.

The facility has three floors with residents that require assistance with their activities of daily living (ADLs). The facility has residents that are total care and require two direct care staff for transferring from bed to chair or toilet. The facility had three direct care staff working at the time of the visits. One direct care staff is assigned to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

health care center to assist residents with their medications throughout the day and cannot leave the . This leaves two direct care staff responsible for the sixty residents on the three floors of the facility.

During the survey on and it was observed that the direct care staff would have to run up and down the three flights of stairs to answer the call pendents from residents because the elevator is slow.

On at approximately 10:30 a.m. during a visit to the second floor Resident#6 asked for help because she did not know where her located. The resident did not know which direction to go and was not wearing a pendent so she could not call for assistance. The resident was taken to her another resident's pendent was pressed and staff responded to her pendent. The staff said she had probably taken it off and left it somewhere. The staff stated in a confidential interview that they do not have the time to check to see if the residents are wearing their pendents.

Resident#7 stated, during an interview on at approximately 11:00a.m., he uses an electric chair and he needs assistance for all activity of daily living except eating. Resident#7 stated he has to wait too long for assistance because they don ' t have enough help.

Resident #8 stated, during an interview on at approximately 1:00p.m., he is a double amputee and he is able to transfer from his recliner or bed to his electric chair. He says he does need assistance with bathing. Resident #8 stated he thinks the direct care staffs are very kind hearted but they are over-worked. The resident stated when he first moved into the facility he waited for days to get a shower. When he told the staff that he needed a shower, they said they would put him on the shower schedule. It still took them a few more days to get me my shower.

Resident #3 stated, during an interview on at 1:30p.m., he needs total assistance to shower, toileting, dress, and transfer, but can feed himself. It takes two direct care staff to transfer him on a sliding board from the bed to the chair and back again. Resident #3 said he uses an electric chair to move around. The resident stated he sometimes has to wait a long time before anyone answers the pendent if he needs assistance. He said he knows they are busy and what other choice does he have but to wait until they get there because he can't do anything without them. The staff are nice enough and he feels they need more staff to help out.

Resident #4 stated, during an interview while in bed on at 4:00 p.m. she needs total care. "I can't walk so the girls use that board (sliding board was observed leaning against the wall) over there to move me from the bed to the electric wheelchair. I need to be moved now because I am down too far on the bed but I can't get anyone to come when I press the button". She said she depends on the staff to get her in and out of bed because she can ' t do it. She stated she always has to wait for help but she doesn't blame the girls because they are so sweet and always smiling. They just need more help. Later it was determined her call pendent was not working.

On , there were several confidential interviews with the staff. They were all frustrated they had to cover three floors with only 2 direct care staff to assist the residents with their care. There are a lot of residents here who need total care and that takes up a lot of time. We do the best we can but when two of us are helping out a resident and the call pendents go off, we can't just leave the resident we are assisting so the other residents have to wait and sometime the wait can be ten to fifteen minutes. We need more staff. The med tech stays in the medication ! does not come out to help us. Two staff for sixty residents is not enough.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	10/04/2013
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Even though the facility has the required minimum staffing hours, the facility does not have enough staff to provide care to meet the residents needs in a timely manner. There are only two direct care staff taking care of sixty residents on three floors. The facility has several total care residents who need two staff to transfer them from the bed to chair. This takes both staff away from other residents who may also need assistance.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to report an adverse incident with the appropriate agency which involved a condition that required the transfer of a resident from the facility to a hospital for 1 (#1) of 1 residents sampled for adverse incidents.

Findings include:

Record review on of Resident#1's health assessment dated revealed the resident needed supervision with ambulation, assistance with transferring and had a unsteady gait. The resident uses a walker.

On , Staff #A helping residents onto the facility van for an outing. Staff #A guided Resident#1 with his walker onto the wheelchair lift platform of the van. She did not accompany the resident unto the platform instead she stood on the ground on the right side of the platform and pushed the up button while taking her eyes off the resident. The lift jerked and the resident lost his balance and backwards onto the pavement. Resident #1 was transported to the hospital.

This was an adverse incident because the facility staff had control and could have prevented the incident by not putting a resident who needed assistance with transferring on a wheelchair lift by himself with only a walker for balance. Wheelchair lifts are for residents in wheelchairs not residents with walkers.

The facility did not file a one or fifteen day adverse incident report with the appropriate agency.

Staff #A verified this in an interview on the phone on at 11:03 a.m.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2013

Administrator
Langdon Hall, Inc Independent & Assisted Living
1120 33 Avenue West
Bradenton, FL 34205

Dear Administrator:

Re: **CCR# 2013008649 & CCR# 2013009663**

This letter reports the findings of two complaint surveys that were conducted on 3-4, 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid ufman
FO Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161