

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/26/2013  
FORM APPROVED

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968151</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>11/06/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Magnolia Manor Assisted Living<br/>Inc</b>                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>17420 Old Tobacco Road<br/>Lutz, FL 33558</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                               |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on 11/06/13.

The Magnolia Manor assisted living facility had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 26, 2013

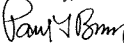
Administrator  
Magnolia Manor Assisted Living Inc.  
17420 Old Tobacco Road  
Lutz, FL 33558

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on November 6, 2013, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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,  
  
for Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form,

