STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	**11/06/2013**
NAME OF PROVIDER OR SUPPLIER **Magnolia Manor Assisted Living Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **17420 Old Tobacco Road Lutz, FL 33558**	
SUMMARY STATEMENT OF DEFICIENCIES (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.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form,

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