

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/26/2013  
FORM APPROVED

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11953457</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>11/25/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Elm Tree Lodge</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6205 Viola Lane<br/>New Port Richey, FL 34653</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                               |                                                     |

**Revisit Corrected Tags:**

0161-Records - Staff-11/25/2013

Z815-Background Screening; Prohibited Offenses-11/25/2013



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 26, 2013

Administrator  
Elm Tree Lodge  
6205 Viola Lane  
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on November 25, 2013, by representative(s) 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(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 Form (5000-3547)

