STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964895	12/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Murray Manor Of Tampa, Inc.	13106 North 53rd Street Temple Terrace, FL 33617	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Murray Manor of Tampa, Inc., assisted living facility, had a deficiency at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview, the contract for two of two residents sampled (#1; 2) was missing verbiage regarding the provision of at least 30 days written notice of any rate increase.

Findings include:

A review of resident files found that the agreement for Residents #1 and #2 was missing a reference/provision giving at least 30 days written notice prior to the facility implementing an increase in the monthly rate. Interview with the administrator at approximately 2 p.m. on verified that this clause was missing from the facility contract.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Murray Manor of Tampa, Inc.
13106 North 53rd Street
Temple Terrace, FL 33617

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 Cauffman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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