

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953381	(X3) DATE SURVEY COMPLETED 01/03/2014
NAME OF PROVIDER OR SUPPLIER Arlington Gardens, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 7550 60th Way North Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/03/2014
0052-Medication - Assistance With Self-Admin-01/03/2014
0078-Staffing Standards - Staff-01/03/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2014

Administrator
Arlington Gardens, LLC
7550 60th Way North
Pinellas Park, FL 33781

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 3, 2014, 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 revisit.

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
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

