

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/17/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963853	(X3) DATE SURVEY COMPLETED 01/29/2014
NAME OF PROVIDER OR SUPPLIER Evergreen Manor Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 3297 S.R. 580 Safety Harbor, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-01/29/2014
0093-Food Service - Dietary Standards-01/29/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 17, 2014

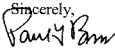
Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

Dear Administrator:

This letter reports findings of a state licensure survey revisit and an extended congregate care (ECC) monitoring visit that were conducted on January 29, 2014, 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

Enclosures: State (5000-3547) Forms

