| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11942886** | **02/11/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Countryside Haven** | **6960 Cr 95 Palm Harbor, FL 34684** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-02/11/2014
0052-Medication - Assistance With Self-Admin-02/11/2014
0152-Physical Plant - Safe Living Environ/other-02/11/2014
0167-Resident Contracts-02/11/2014
Z815-Background Screening; Prohibited Offenses-02/11/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2014

Administrator
Countryside Haven
6960 Cr 95
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 11, 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,

Paul Y Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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