

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/19/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932390	(X3) DATE SURVEY COMPLETED 02/04/2014
NAME OF PROVIDER OR SUPPLIER Farmer's Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2135 40th Avenue N. Saint Petersburg, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A series of monitoring visits were conducted from 1/29/14 to 2/4/14.

Farmer's Retirement Home, assisted living facility, had no new deficiencies at the time of these visits.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2014

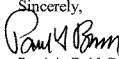
Administrator
Farmer's Retirement Home
2135 40th Avenue N.
Saint Petersburg, FL 33714

Dear Administrator:

This letter reports findings of a series of monitoring visits that were conducted from January 29, 2014, through February 4, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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 (5000-3547) Form

