

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968554	(X3) DATE SURVEY COMPLETED 03/05/2014
NAME OF PROVIDER OR SUPPLIER Christopher's Place	STREET ADDRESS, CITY, STATE, ZIP CODE 3586 53rd Ave North Saint Petersburg, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An announced initial state licensure survey with limited nursing services (LNS) and limited mental health (LMH) was conducted on 03/14/14.

The Christopher's Place Retirement Home, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a Standard license with LMH and LNS is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 14, 2014

Administrator
Christopher's Place
3586 53rd Ave North
Saint Petersburg, FL 33714

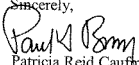
Dear Administrator:

This letter reports findings of an initial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) that was conducted on March 5, 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**, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

