

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966643	(X3) DATE SURVEY COMPLETED 04/07/2014
NAME OF PROVIDER OR SUPPLIER Theresa Home	STREET ADDRESS, CITY, STATE, ZIP CODE 485 Maple Way Safety Harbor, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial state licensure survey for extended congregate care (ECC) was conducted in conjunction with a change of ownership (CHOW) state licensure survey.

The Theresa Home, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a Standard license with ECC is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 9, 2014

Administrator
Lovely Care Manor
2869 Sarah Drive
Clearwater, FL 33759

Dear Administrator:

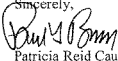
Re: ECC Monitoring Visit & CCR# 2014000465

This letter reports the findings of an extended congregate care (ECC) monitoring visit and a complaint survey that were conducted on March 28, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the ECC monitoring visit, and the deficiencies that were identified relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

