STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	**06/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bristol Court Assisted Living	**3479 54th Ave N 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

Two complaint surveys, CCR#2014002520 and CCR#2014004634, were conducted on 6/02/14 in conjunction with a capacity increase from 100 to 115 beds.

The Bristol Court Assisted Living Facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 11, 2014

Administrator
Bristol Court Assisted Living
3479 54th Ave N
Saint Petersburg, FL 33714

Re: CCR# 2014002520 & CCR# 2014004634 & capacity increase

Dear Administrator:

This letter reports the findings of two complaint surveys and a capacity increase completed on June 2, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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