

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966723	(X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER Adrian Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 2168 9th Avenue North Saint Petersburg, FL 33713	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-06/13/2014
 0081-Training - Staff In-Service-06/13/2014
 0082-Training - Hiv/aids-06/13/2014
 0090-Training - Do Not Resuscitate Orders-06/13/2014
 L243-Lmh - Training-06/13/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2014

Administrator
Adrian Manor
2168 9th Avenue North
Saint Petersburg, FL 33713

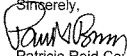
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on June 13, 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 desk review.

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 Form (5000-3547)

