STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966723	**06/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adrian Manor	**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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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