STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayside Terrace	**9381 U.S. Hwy 19 North Pinellas Park, FL 33782**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, CCR# 2014003248 & CCR# 2014003548, were conducted on

The Bayside Terrace, assisted living facility, had deficiencies at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to ensure that all residents have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first, and that the results of the examination are recorded on AHCA Form 1823 (Resident Health Assessment for Assisted Living Facilities).

Findings include:

Per record reviews conducted required information was omitted/not completed on 2 of 3 Resident Health Assessments, as follows:

Resident #3 was originally admitted to the facility on On a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated the medical doctor deemed Resident #3 independent in all activities of daily living and capable of self-administration of medications, and certified that Resident #3 ' s needs could be met in a residential facility that is not a medical, nursing, or facility. The medical doctor, or person who completed the form signed by the doctor, noted Resident #3 ' s or behavioral status as " mild alert & oriented, " and physical limitation as using a walker to ambulate.

Per review of Resident #3 ' s Observation Log, Resident #3 was admitted to the Memory Care Unit on upon return from a Rehab facility (where resident had been admitted on A Resident Health Assessment for Resident #3 was signed on by the same medical doctor who signed the

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Assessment. On the medical doctor checked " Yes " to Resident #3 needing help with taking medications, but did not specify whether assistance with self-administration of medications or administration of medications would be needed. The medical doctor also checked " Yes " to indicate Resident #3 ' s needs could be met in a residential facility that is not a medical, nursing, or facility-but the doctor did not answer (space left blank) whether resident would need 24-hour nursing or care. Section 3 of Form 1823- " Services Offered or Arranged by the Facility for the Resident (Must be completed by ALF Administrator or Designee) " only contains resident name & birthdate-no indication of services needed and how services will be provided; no indication of review by Administrator or Designee.

Another Resident Health Assessment for Resident #3 was filed atop the previous 2 discussed above-reverse chronological order from most recent to previous; this Resident Health Assessment for Resident #3 was signed by a different doctor than above two-no examiner title or address and no date of examination provided; is written to the side of bottom of page 4 of 5. " Same as previously " was written in currently prescribed medications list. The Examiner did not answer whether Resident #3 needs needing help with taking medications, and if so, whether assistance with self-administration of medications or administration of medications would be needed. The Examiner also did not provide professional opinion of whether Resident #3 ' s needs could be met in a residential facility that is not a medical, nursing, or facility. Section 3 of Form 1823- " Services Offered or Arranged by the Facility for the Resident (Must be completed by ALF Administrator or Designee) " is blank-no indication of services needed and how services will be provided; no indication of review by Administrator or Designee. There is no indication of Resident #3 service needs or appropriateness for continued assisted living residency. There was no evidence that the resident meets continued assisted living facility residency criteria.

Per confidential interviews conducted with staff, families, visitors, and other service agency personnel, Resident #3 is no longer appropriate for residence in the assisted living facility. Comments included resident ' s need for 1:1 staff supervision at all times and disruptive behaviors including aggression toward staff and care personnel. Per review of Resident #3 ' s Medication Observation Record, Resident #3 is provided assistance with self-administration of medications. As discussed in medication deficiencies/citations, Resident #3 is not properly receiving medications as prescribed, which is likely a factor contributing to inappropriateness of residency.

Per interview conducted with the Administrator on at approximately 4:00pm, the Administrator acknowledged that the AHCA Form 1823s are missing the required documentation. Surveyor informed the Administrator that deficiencies will be cited pending further review of facility documentation and findings during facility visit.

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Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to ensure complete, accurate maintenance of a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications, recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The facility also failed to ensure all medication observation records include the name of the resident and any known the resident may have, the name of the resident's health care provider & provider's telephone number.

Findings include:

Per Surveyor review of the facility ' s Medication Observation Records (MORs) beginning at approximately 11:00am, 5 of 9 records selected for review contained medication errors and omissions, and 6 of 9 records contained incomplete information, as follows:

Resident #2 was prescribed 50MCG/HR Patch - Apply one patch every 72 hours (3 days) at 4pm - initialed as provided on 6/1, 6/4, , & - Not provided on 6/7-Reason entered: Withheld per MD/RN orders-No corresponding order found in resident record; Not provided on & entered: Medication Temporarily Unavailable; Not provided on -Reason entered: Resident refused. There were no documented attempts to contact doctor, no notes re. reason for unavailability of the medication, and no documented attempts to get the medication. Additionally, the entries do not correspond with the 4pm application time: Not provided on 6/7 at 8:41am; Not provided on at 8:14am; Not provided on at 7:07am.

Resident #2 was prescribed Hydrocodon-Acetaminophn 10-325 - Take 1 tablet every 4 hours while awake - initialed as provided at 12am, 4am, 8am, 12pm, 4pm, & 8pm on 24 of 30 days of the month of 2014, indicating that the resident was awake at all times of the day & night for 6-9 days in a row. The 12 am & 4am doses to be provided on were both recorded at 8:42am as resident " physically unable to take; " the 8am dose was initialed as provided on both days. The 4am dose to be provided on was recorded at 7:59am as resident " physically unable to take; " the 8am dose was initialed as provided. The 4am dose to be provided on was recorded at 8:26am as resident " physically unable to take; " the 8am dose was initialed as provided. The 12 am & 4am doses to be provided on were both recorded at 7:53am as resident " physically unable to take; " the 8am dose was initialed as provided. The 4am dose to be provided on was recorded at 8:20am as resident " physically unable to take; " the 8am dose was initialed as

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provided.

Resident #3 was prescribed 0.25 MG Tablet- Take 1 tablet by mouth 4 times daily - 8am, 12pm, 4pm, & 8pm - Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, at 12pm, & at 8pm -space empty on MOR; no reason or explanation provided. Also Not provided on 6/1 at 4pm, at 4pm, at 8pm & at 8am- Reason entered: " Medication Temporarily Unavailable; " no explanation re. unavailability found in resident record.

Resident #3 was prescribed HBR 40 MG Tablet-Take 1 tablet by mouth at bedtime - 8pm --Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided.

Resident #3 was prescribed 400 MG Tab-Take 1 tablet at bedtime with food for pm---Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided.

Resident #3 was prescribed Mirtzapine 15 MG Tablet Take 1/2 tablet (7.5 MG) by mouth at bedtime *Note Dose* and Mirtzapine 15 MG Tablet - Take 1 tablet by mouth at bedtime (for sleep, appetite, and)-8pm-Both medications are not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided.

In addition to blank spaces throughout Resident #3 ' s 2014 Medication Observation Record, Surveyor observed 77 instances documented that Resident #3 refused medications & 12 instances of " Medication Temporarily Unavailable. " There were no explanations provided.

Resident #5 was prescribed Tamulosin 0.4 MG Capsule - Take one capsule by mouth once daily 8am - Not provided on -Reason entered: " Medication Temporarily Unavailable " -no explanation re. unavailability found in resident record.

Resident #5 was prescribed SOD DR 250 MG Tab - Take 1 tablet by mouth at bedtime-8pm--Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided.

Resident #5 was prescribed 500 MG Tablet - Take 2 tablets (1000 MG) by mouth evry 12 hours-8am & 8pm--Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided.

Resident #5 was prescribed MAPAP 325 MG Tablet - Take 2 tablets (650 MG) by mouth 4 times daily - 8am,

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12pm, 4pm, & 8pm--Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided.

Resident #5 was prescribed Fumurate 50 MG Tab- Take 2 tablets (100 MG) by mouth at bedtime-8pm-Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -space empty on MOR; no reason or explanation provided.

Resident #14 was prescribed Mirtzapine 30 MG Tablet - Take 1 tablet by mouth once daily 8am- Not provided on & -Reason entered: " Medication Temporarily Unavailable " -Initialed as provided all other days of the month; no explanation re. unavailability found in resident record.

Resident #14 was prescribed 5 MG Tablet Take 1 tablet by mouth once daily at noon - MOR indicates provision of medication at 8am-- Initialed as provided all days of the month at 8am except not provided on -space empty on MOR; no reason or explanation provided.

Resident #14 was prescribed 100 MG Tablet Take 1 tablet by mouth at bedtime 8pm -Not initialed as provided on 6/4, 6/9, & empty on MOR; no reason or explanation provided.

Resident #15 was prescribed SOD DR 500 MG Tab - Take 1 tablet by mouth at bedtime-8pm--Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided. Also Not provided on entered: " Medication Temporarily Unavailable; " no explanation re. unavailability found in resident record.

Resident #15 was prescribed 10 MG Tablet- Take 1 tablet by mouth at bedtime-8pm--Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -spaces empty on MOR; no reason or explanation provided. Also Not provided on entered: " Medication Temporarily Unavailable; " no explanation re. unavailability found in resident record.

Resident #15 was prescribed Fumurate 100 MG Tab- Take 1/2 tab (50 MG) by mouth at bedtime-8pm-Not initialed as provided on 6/4 at 8pm, 6/9 at 8pm, at 8pm, at 8pm, & at 8pm -space empty on MOR; no reason or explanation provided. Also Not provided on entered: " Medication Temporarily Unavailable; " no explanation re. unavailability found in resident record.

Resident #15 was prescribed Tamulosin 0.4 MG Capsule - Take one capsule by mouth daily after supper-7pm Not initialed as provided on 6/4 at 7pm, 6/9 at 7pm, at 7pm, at 7pm, & at 7pm -space empty on MOR; no reason or explanation provided. Also Not provided on entered: " Medication Temporarily Unavailable; " no explanation re. unavailability found in resident record.

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On Resident #3 ' s MOR, no health care provider & provider's telephone number designated, no diagnosis provided, and there is no indication of any known the resident may have.

On Resident #5 ' s MOR, no health care provider & provider's telephone number designated, no diagnosis provided, and there is no indication of any known the resident may have.

On Resident #14 ' s MOR, no health care provider & provider's telephone number designated, no diagnosis provided, and there is no indication of any known the resident may have.

On Resident #15 ' s MOR, no health care provider & provider's telephone number designated, no diagnosis provided, and there is no indication of any known the resident may have.

On Resident #17 ' s MOR, no diagnosis is provided, and there is no indication of any known the resident may have.

On Resident #19 ' s MOR, no diagnosis is provided, and there is no indication of any known the resident may have.

Per interviews conducted with the LPN-Resident Care Coordinator on beginning at approximately 11:00am, the Coordinator is in process of reviewing resident medications and facilitating corrections as needed. The Coordinator provided examples of corrected PRN medications, for example, and revised physician orders, and acknowledged the need for more corrections and revisions to physician orders and Medication Observation Records.

Per interview conducted with the Administrator on at approximately 4:00pm, Surveyor informed the Administrator that medication deficiencies will be cited pending further review of facility documentation and findings during facility visit.

Class III

St - A - 0056 - Labeling And Orders- 58a-5.0185(7) Fac

Based on observation, record review and interview, the facility failed to ensure that medications prescribed to be provided as needed (PRN) include specific directions including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

Findings include:

Per facility policy, as needed (PRN) medications are not allowed in the Memory Care Unit. The following

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findings therefore pertain to residents of Assisted Living not in the Memory Care Unit.

Per Surveyor review of the facility ' s Medication Observation Records (MORs) beginning at approximately 11:00am, 3 of 5 records selected for review contain medications prescribed to be given as needed, without any directions specifying when it would be appropriate for the resident to request the medication.

Resident #19 was prescribed 50 MG Tablet PRN - Take 1 tablet as needed every 4 hours Orally - On 2014 MOR, medication is designated to be provided at 12am, 4am, 8am, 12pm, 4pm, & 8pm instead of following doctor ' s PRN order. MOR (page 3) indicates the medication was provided on at 4pm & 8pm; at 12am, 4am, 8am, 4pm, & 8pm; & at 12am, 4am, 8am, 12pm, 4pm, & 8pm; and at 12am, 4am, & 8am--The order was discontinued on at 9:00am. MOR (page 4) lists the same medication with orders to Take 1 tablet by mouth every 4 hours as needed -- Initialed as provided on , recorded as provided at 12:04pm; Initialed as provided 2x on by the same med tech (Staff C), recorded as provided at 12:59pm and 1:02pm [also recorded by a different med tech (Staff H) on page 3 as not provided at 12:42pm because resident ' Out of Facility. "] Resident #19 was not getting this medication as prescribed and may have been dangerously overdosed.

Resident #20 was prescribed 0.250 MG Tablet PRN - Take 1 tablet by mouth twice daily as needed. There were no parameters provided specifying when to give this medication.

Resident #21 was prescribed PRNs 0.5 MG Tablet - Take 1 tablet by mouth every 8 hours as needed - and 20 MG Tablet - Take 1 tablet by mouth once daily as needed - and M20 20MEQ Tablet- Take 1 tablet by mouth daily as needed with extra There were no parameters provided specifying when to give these medications.

Per Interview with the facility ' s LPN-Resident Care Coordinator on at approximately 1:00 p.m., she confirmed that new physician orders need to be obtained for the medications without specific parameters.

Class III

St - A - 0160 - Fac Records - 58a-5.024(1) Fac

Based on observation, record review and interview, the facility failed to ensure maintenance of an up-to-date admission and discharge log listing the names of all residents and each resident's date of admission and the place from which the resident was admitted, date of discharge, the reason for discharge and identification of the facility to which the resident is discharged or home address, or if the person is the date of The facility also failed to maintain the written record in a form, place and system accessible to Department of

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Elder Affairs and Agency for Health Care Administration personnel.

Findings include:

Surveyors requested the facility's Admission/Discharge Log from the Administrator on at approximately 10:30am. The Administrator stated that the facility does not keep a Log on premises and she would have to request the Log from the Corporate office. The Administrator acknowledged having been told during a previous AHCA survey visit of the need to keep a current Admission/Discharge Log.

AHCA Surveyor reviewed the facility Admission/Discharge Log on beginning at approximately 1:30pm and conducted interviews throughout the day to obtain missing information. The Admission/Discharge Log provided contains errors & omissions, including, but not limited to:

40 of 67 residents listed on facility Admission/Discharge Log contained omissions/missing data, as follows: 11 missing place admitted from (Residents # 4, 8, 12, 13, 14, 16, 19, 24, 26, 27, & 28); 35 missing date of discharge (Residents # 2, 3 ,4, 5, 6, 7, 8, 9, 10, 11, 12, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, 28, 29, 30, 32, 34, 35, 36, 37, 38, 39, 40, 41, & 42); 34 missing reason for discharge (Residents # 2, 3, 4 ,5, 6, 7, 8, 9, 10, 11, 12, 15, 17, 18, 19, 20, 22, 23, 24, 25, 27, 28, 29, 30, 32, 34, 35, 36, 37, 38, 39, 40, 41, & 42); 35 missing facility to which the resident is discharged or home address (Residents # 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 15, 17, 18, 19, 20, 22, 23, 24, 25, 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 40, 41, & 42).

Per record review and interview, Resident #1 moved into the facility on or before 2014 and was discharged prior to facility visit-- Resident #1 is not listed on the facility Admission/Discharge Log. Per observation, record review, and interviews conducted on Residents #4, 9, 19, & 20 are current residents of the facility-- Residents #4, 9, 19, & 20 are not listed on the facility Admission / Discharge Log. Residents #39 & 40 are listed as current facility residents-- Per record review and staff interviews conducted on Residents #39 & 40 are both (as of & respectively). Residents #3, 6, & 15 are listed on the facility Admission/Discharge Log as residing in designated for Assisted Living-- Per observation, record review, and interviews conducted on , Residents #3, 6, & 15 are residents of the facility ' s Memory Care Unit.

On at approximately 11:00am, the Administrator provided a list of all residents of the facility and 2 additional resident listings throughout the day of visit--None of the listings matched others and created continued difficulties throughout the day of visit in determining actual residents--residents identified by Surveyors through record reviews, observations, and interviews. Per interview conducted with the Administrator on at approximately 4:00pm, the Administrator was again reminded of the need to keep a current, accessible Admission/Discharge Log. Surveyor informed the Administrator that deficiencies will be

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cited pending further review of facility documentation and findings during facility visit.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bayside Terrace
9381 U.S. Hwy 19 North
Pinellas Park, FL 33782

RE: CCR# 2014003248 & CCR# 2014003548

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com