STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910801	**07/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Suncoast Manor	**1095 Pinellas Point Dr S Saint Petersburg, FL 33705**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial extended congregate care (ECC) licensure survey was conducted on 7/08/14 in conjunction with a monitoring for space change and a capacity increase.

The Suncoast Manor, assisted living facility, had no deficiencies at the time of the visit.

A recommendation to add an ECC specialty license is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 16, 2014

Administrator
Suncoast Manor
1095 Pinellas Point Dr S
Saint Petersburg, FL 33705

Dear Administrator:

This letter reports the findings of an initial extended congregate care (ECC) licensure survey, a monitoring visit for space change, and a capacity increase conducted on July 8, 2014, by representative(s) of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicate there were no discernible deficiencies noted on the date of the 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 Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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