

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966266	(X3) DATE SURVEY COMPLETED 07/28/2014
NAME OF PROVIDER OR SUPPLIER Canterbury Dreams	STREET ADDRESS, CITY, STATE, ZIP CODE 675 Canterbury Rd Clearwater, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tag:

0085-Training - Nutrition & Food Service-07/28/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2014

Administrator
Canterbury Dreams
675 Canterbury Rd
Clearwater, FL 33764

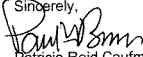
Dear Administrator:

This letter reports the findings of a second state licensure follow-up (desk review) conducted on July 28, 2014, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was 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

