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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11963901</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>09/02/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>John-Nell Manor</b>                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1012 Gulf Road<br/>Tarpon Springs, FL 34689</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An initial limited mental health (LMH) licensure survey was conducted in conjunction with a biennial state licensure survey on 09/02/14.

John-Nell Manor, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 5, 2014

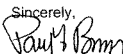
Administrator  
John-Nell Manor  
1012 Gulf Road  
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports findings of a biennial state licensure survey and an initial limited mental health (LMH) licensure survey that were conducted on September 2, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates 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,  
*for*   
Patricia Reid Cauffman  
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



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