STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968310	**08/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ivy Ridge Living Center	**7179 40th Ave N Saint Petersburg, FL 33709**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Three unannounced complaint surveys, CCR# 2014006087, CCR# 2014006668 & CCR# 2014006903, were conducted on 8/28/14 & 8/29/14, in conjunction with an unannounced revisit to the limited nursing services (LNS) monitoring visit.

The Ivy Ridge Living Center, assisted living facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 5, 2014

Administrator
Ivy Ridge Living Center
7179 4oth Ave N
Saint Petersburg, FL 33709

RE: CCR# 2014006087, CCR# 2014006668, CCR# 2014006903 & revisit

Dear Administrator

This letter reports the findings of three complaint surveys and a state licensure survey revisit completed on August 29, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during the complaint surveys, and the previously cited deficiency was corrected relative to the revisit.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul Y Brown

fo Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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