

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

Revisit Corrected Tag:

0010-Admissions - Continued Residency-08/29/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 5, 2014

Administrator
Ivy Ridge Living Center
7179 40th Ave N
Saint Petersburg, FL 33709

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

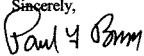
Dear Administrator:

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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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