STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	**09/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & R Personal Care, Inc	**1289 South Hillsborough Avenue Arcadia, FL 34266**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Monitoring survey was conducted on 9/17/14 at M & R Personal Care an Assisted Living Facility (ALF) in Arcadia, Florida.

There were no state deficiencies identified as a result of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 18, 2014

Administrator
M & R Personal Care, Inc
1289 South Hillsborough Avenue
Arcadia, FL 34266

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 17, 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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