

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942749	(X3) DATE SURVEY COMPLETED 10/16/2014
NAME OF PROVIDER OR SUPPLIER Picket Fence Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 1662 9th Street South Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-10/16/2014
0055-Medication - Storage And Disposal-10/16/2014
0078-Staffing Standards - Staff-10/16/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2014

Administrator
Picket Fence Manor
1662 9th Street South
Saint Petersburg, FL 33701

RE: CCR #2014007895 & LNS Monitoring Revisit

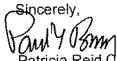
Dear Administrator:

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring revisit completed on October 16, 2014 by representative(s) of this office.

Attached is the provider's copies of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Forms

