STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967339	**09/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Accordia Woods	**1889 Curlew Road Palm Harbor, FL 34683**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0032-Resident Care - Elopement Standards-09/17/2014
0083-Training - First Aid And Cpr-09/17/2014
0161-Records - Staff-09/17/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2014

Administrator
Accordia Woods
1889 Curlew Road
Palm Harbor, FL 34683

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on September 17, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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,

Patricia Reid Cauffman
FOR Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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