

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967286	(X3) DATE SURVEY COMPLETED 11/17/2014
NAME OF PROVIDER OR SUPPLIER Loving Care Of St Petersburg	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 9th Street North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two (2) complaint surveys, CCR #2014009098 & 2014008496, were conducted on 11/17/14.

Loving Care of St. Petersburg, assisted living facility, had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

Administrator
Loving Care Of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

RE: CCR #2014009098 & 2014008496

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 17, 2014 by representative(s) of this office.

Attached is the provider's copy 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 Kaufman
Field Office Manager

for

PRC/clt

Enclosures: State (5000-3547) Form

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