

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963853	(X3) DATE SURVEY COMPLETED 12/31/2014
NAME OF PROVIDER OR SUPPLIER Evergreen Manor Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 3297 S.R. 580 Safety Harbor, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-12/31/2014
0081-Training - Staff In-Service-12/31/2014
0083-Training - First Aid And Cpr-12/31/2014
0160-Records - Facility-12/31/2014
0161-Records - Staff-12/31/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 2, 2015

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on December 31, 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,

for

Patricia Reid Cauffman
Field Office Manager

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

