

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967892	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER Adkinson Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 58th St N Clearwater, FL 33760	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-01/07/2015
0076-Do Not Resuscitate Orders (dnros)-01/07/2015
0090-Training - Do Not Resuscitate Orders-01/07/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2015

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33763

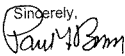
Dear Administrator:

This letter reports the findings of three state licensure survey revisits conducted on January 7, 2015 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 revisit.

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 Kaufman
Field Office Manager

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

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