

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968421	(X3) DATE SURVEY COMPLETED 02/02/2015
NAME OF PROVIDER OR SUPPLIER St Cloud Haven II	STREET ADDRESS, CITY, STATE, ZIP CODE 907 N Taylor Rd Brandon, FL 33510	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-02/02/2015
0083-Training - First Aid And Cpr-02/02/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 2, 2015

Administrator
St Cloud Haven II
907 N Taylor Rd
Brandon, FL 33510

Dear Administrator:

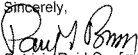
This letter reports the findings of a state licensure survey follow-up (desk review) conducted on February 2, 2015 by representative(s) of this office.

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 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
Field Office Manager

For

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

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