

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965487	(X3) DATE SURVEY COMPLETED 01/26/2015
NAME OF PROVIDER OR SUPPLIER Bloomfield Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 2774 Wesleyan Dr Palm Harbor, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced Complaint survey CCR#2014010642, was conducted on 1/26/15.

The Bloomfield Manor, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 5, 2015

Administrator
Bloomfield Manor
2774 Wesleyan Dr
Palm Harbor, FL 34684

RE: CCR #2014010642

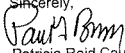
Dear Administrator:

This letter reports the findings of a complaint survey completed on January 26, 2015 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,

for Patricia Reid Cauffman
Field Office Manager

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

