STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965967	**02/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patrick Manor	**896 73rd Ave North Saint Petersburg, FL 33702**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-02/19/2015
0055-Medication - Storage And Disposal-02/19/2015
0056-Medication - Labeling And Orders-02/19/2015
0086-Training - ADRD (Alzheimer's Disease & Related Disease)-02/19/2015

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 20, 2015

Administrator
Patrick Manor
896 73rd Ave North
Saint Petersburg, FL 33702

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on February 19, 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 Caufman
Field Office Manager

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

St. Petersburg Field Office
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