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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910801</b>                                   | (X3) DATE SURVEY COMPLETED<br><br><b>03/10/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Suncoast Manor</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1095 Pinellas Point Dr S<br/>Saint Petersburg, FL 33705</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                             |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

Assisted Living Facility

An Extended Congregate Care (ECC) Monitoring Visit was conducted on 3/10/2015.

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 17, 2015

Administrator  
Suncoast Manor  
1095 Pinellas Point Drive S  
Saint Petersburg, FL 33705

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) monitoring visit that was conducted on March 10, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR

Patricia Reid Kaufman  
Field Office Manager

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

