STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	**03/17/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Safety Harbor Senior Living	**101 Main Street Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-03/17/2015
0078-Staffing Standards - Staff-03/17/2015
0081-Training - Staff In-Service-03/17/2015
0165-Risk Mgmt & Qa; Adverse Incident Report-03/17/2015

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2015

Administrator
Safety Harbor Senior Living
101 Main Street
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 17, 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,

Teresa Ryan RNC
FOR Patricia Reid Caufman
Field Office Manager

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

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